

# STANFORD UNIVERSITY

Office of Accessible Education/Student Disability Resource Center  
Employment Application



APPLICANT INFORMATION			
Last Name	First	M.I.	D.O.B.
Street Address		Apartment/Unit #	
City	State	ZIP	
Phone	E-mail Address		
Date Available	Social Security No.	Desired Salary	
Position Applied for			
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>
Country of Citizenship:		Visa Type & Expiration Date:	
Have you ever worked for Stanford University?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?
Have you ever worked for Stanford Hospitals?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?

EDUCATION			
High School		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
College		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree

REFERENCES	
<i>Please list two professional references.</i>	
Full Name	Relationship
Company	Phone (     )
Address	
Full Name	Relationship
Company	Phone (     )
Address	

FORM JA-APP2007

**NOTE: If you have not been on Stanford University payroll before, you will need to complete Federal and State tax forms, and an I-9 (Employment Eligibility Verification) form. In order to complete these forms, you will need to provide the appropriate identification items listed on the reverse side of the form.**

**PREVIOUS EMPLOYMENT**

Company		Phone (    )	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?    YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone (    )	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?    YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone (    )	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?    YES <input type="checkbox"/> NO <input type="checkbox"/>			

**DISCLAIMER AND SIGNATURE**

I certify that my answers are true and complete to the best of my knowledge.  
 If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**FOR OFFICE USE ONLY**

**Employment to Begin On:**

**Hourly Wage:**

**Employment Terms (Please circle One):**    Quarterly    Academic Year    As Needed    Continuous

**Compensation PTA:**