



*Return applications to:*

**Mail: Office of Campus Safety  
Corban University  
5000 Deer Park Dr. SE  
Salem, Oregon 97321**

**Fax: (503)316-3361**

**Email: [safety@corban.edu](mailto:safety@corban.edu)**

## **CORBAN UNIVERSITY – OFFICE OF CAMPUS SAFETY EMPLOYMENT APPLICATION**

Social Security Number	Job applied for	Drivers License No.	State	Expiration Date
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### **CONTACT INFORMATION**

Name (Last, First, MI):	
Mailing Address:	
City, State, And Zip Code:	
Home Telephone:	Cell Phone Number:
Work Telephone:	
Message (If Different):	
E-mail Address:	

### **CERTIFICATION AND SIGNATURE**

I hereby certify that all statements made in this application are true, and I agree and understand that any written statement that is false, fraudulent, or misleading in this application or attached materials, or made in the course of any related employment process may cause forfeiture of employment.

- I certify that all statements contained herein are true and complete.
- I certify that I am at least 18 years of age.
- I certify that I am a citizen of the United States of America.
- I understand that I must prove that I am authorized to work in the United States if I am hired.
- I authorize the employing agency to verify the employment and education information provided on this employment application.
- I certify that I have a valid driver's license and I authorize my driving record to be checked if the position for which I am applying requires driving.
- I understand and agree to be subjected to a pre-employment drug screening and a criminal history background check, if applicable.

Signature (must be in ink):	Date:
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## WORK HISTORY

The information provided in this section will be used to determine if you meet the minimum qualifications as outlined in the job announcement. Please list your previous ten years of employment beginning with your most recent experience. You may include all applicable military, non-paid, or volunteer work. Clearly describe all of your duties. Resumes will be accepted only if required on the job announcement and will not be accepted in place of a completed application. If you need additional space, attach a separate sheet and duplicate the same format used on this application.

<b>JOB NUMBER 1</b>	Job Title
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Name of Employer		Supervisor's Name		Supervisor's Title
Employer's Address		City	ST	Phone
Employment Dates:	From	To	Avg Hrs Worked/ Wk	

**DUTIES:**

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**SUPERVISION/LEAD WORK (CHECK THE AREAS YOU WERE RESPONSIBLE FOR):**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Assigning and Reviewing Work | <input type="checkbox"/> Handling Disciplinary Problems | <input type="checkbox"/> Hiring or Recommending Hiring    |
| <input type="checkbox"/> Rating Work Performance      | <input type="checkbox"/> Responding to Grievances       | <input type="checkbox"/> Not Responsible for Any of These |

LIST THE NUMBER OF EMPLOYEES YOU SUPERVISED AND THEIR JOB TITLES:	# Employees:

<b>JOB NUMBER 2</b>	Job Title
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Name of Employer		Supervisor's Name		Supervisor's Title
Employer's Address		City	ST	Phone
Employment Dates:	From	To	Avg Hrs Worked/ Wk	

**DUTIES:**

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**SUPERVISION/LEAD WORK (CHECK THE AREAS YOU WERE RESPONSIBLE FOR):**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Assigning and Reviewing Work | <input type="checkbox"/> Handling Disciplinary Problems | <input type="checkbox"/> Hiring or Recommending Hiring    |
| <input type="checkbox"/> Rating Work Performance      | <input type="checkbox"/> Responding to Grievances       | <input type="checkbox"/> Not Responsible for Any of these |

LIST THE NUMBER OF EMPLOYEES YOU SUPERVISED AND THEIR JOB TITLES:	# Employees:

<b>JOB NUMBER 3</b>	Job Title		
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Name of Employer	Supervisor's Name	Supervisor's Title
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Employer's Address	City	ST	Phone
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Employment Dates:	From	To	Avg Hrs Worked/ Wk
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**DUTIES:**


**SUPERVISION/LEAD WORK (CHECK THE AREAS YOU WERE RESPONSIBLE FOR):**

Assigning and Reviewing Work     
 Handling Disciplinary Problems     
 Hiring or Recommending Hiring  
 Rating Work Performance     
 Responding to Grievances     
 Not Responsible for Any of These

LIST THE NUMBER OF EMPLOYEES YOU SUPERVISED AND THEIR JOB TITLES:	# Employees:
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<b>JOB NUMBER 4</b>	Job Title		
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Name of Employer	Supervisor's Name	Supervisor's Title
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Employer's Address	City	ST	Phone
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Employment Dates:	From	To	Avg Hrs Worked/ Wk
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**DUTIES:**


**SUPERVISION/LEAD WORK (CHECK THE AREAS YOU WERE RESPONSIBLE FOR):**

Assigning and Reviewing Work     
 Handling Disciplinary Problems     
 Hiring or Recommending Hiring  
 Rating Work Performance     
 Responding to Grievances     
 Not Responsible for Any of these

LIST THE NUMBER OF EMPLOYEES YOU SUPERVISED AND THEIR JOB TITLES:	# Employees:
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