

Requisition # \_\_\_\_\_

Name \_\_\_\_\_

Date \_\_\_\_\_



**BUTLER** UNIVERSITY

*An Equal Opportunity Employer*

# Employment Application

We appreciate your interest in Butler University. A clear, concise understanding of your background and work history will aid us in considering you for employment in a position that best meets your qualifications and our needs.

Butler University  
Human Resources  
4600 Sunset Avenue,  
JH037  
Indianapolis, IN 46208  
317.940.9355 (p)  
317.940.8149 (f)  
[www.butler.edu/hr](http://www.butler.edu/hr)

Please **print** and make sure your answers are legible and that the Application has been completed in full. Use black or blue ink.

If you are under age 18, a work permit is required for employment.

**Personal Data**

\_\_\_\_\_  
Name (last, first, middle)

\_\_\_\_\_  
Email Address (Required)

\_\_\_\_\_  
Address (number, street, apt. number)

\_\_\_\_\_  
City, state, zip code

(\_\_\_\_\_) \_\_\_\_\_  
Home phone number

(\_\_\_\_\_) \_\_\_\_\_  
Cell phone number

Other names under which you have been employed:  
\_\_\_\_\_

Have you ever been employed at Butler? Yes \_\_\_\_\_ No \_\_\_\_\_ List other job titles under which you were previously employed:  
\_\_\_\_\_

If hired, would you be able to perform all functions and all necessary job assignments of the particular job for which you are applying, with or without reasonable accommodations? Yes \_\_\_\_\_ No \_\_\_\_\_ If no, please explain:  
\_\_\_\_\_

**Security and Fire Safety Information**

Butler University is committed to assisting all members of the Butler community to collectively achieve a safe campus environment. The annual security and fire safety compliance document is available on the Butler University police Department website at <https://www.butler.edu/bupd/annual-security-reports>

If you would like to receive a booklet called "The Annual Security and Fire Safety Report" which contains this information, you can request that a copy be mailed to you by calling (317) 940-8418.

The website and booklet contain information regarding campus security and personal safety including topics such as: crime prevention, fire safety, university police law enforcement authority, crime reporting policies, disciplinary procedures and other matters of importance related to security and safety on campus. They also contain information about crime statistics for the three previous calendar years concerning reported crimes that occurred on campus; in certain off-campus buildings or property owned or controlled by Butler University; and on public property within, or immediately adjacent to and accessible from the campus.

This information is required by law and is provided by the Butler University Police Department.

**Job Interest**

Position desired: \_\_\_\_\_

Status desired: Full-time\_\_\_\_ Part-time\_\_\_\_ Other\_\_\_\_ Specify \_\_\_\_\_

Shifts willing to work (indicate preference by 1,2,3): Day\_\_\_\_ Evening\_\_\_\_ Night\_\_\_\_ Date available: \_\_\_\_\_

How were you referred to us? Advertisement\_\_\_\_\_ Employee\_\_\_\_\_

Other (specify): \_\_\_\_\_  
Publication

Name/Department

Salary expectations: \_\_\_\_\_

Do you have permanent work authorization (you might have permanent work authorization as a U.S. Citizen, a Permanent Resident Alien, Refugee or Asylee, or as a Temporary Resident Alien under the Immigration Reform and Control Act)? (If "No," please explain and also note that proof of citizenship or immigration status will be required upon employment.)

YES \_\_\_\_\_ NO \_\_\_\_\_

According to federal law, all individuals who are hired must, as a condition of employment, produce certain documentation to verify their identity and United States citizen status or, if aliens, their legal authorization to work in the United States. As a consequence, any offer of employment is contingent upon the ability to produce the required documentation within the time period required by law.

Relative(s) employed at Butler University:

\_\_\_\_\_  
Name(s) Relationship(s)

<b>Education</b>
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Highest level of education attained	School name, city and state	Course of study	Did you graduate?	Type of Diploma/Degree/Certificate

Please list any special skills (languages, computer, etc.): \_\_\_\_\_

<b>Employment History</b>
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List all present and past employers (starting with your current or most recent employer): **Include all employment, military service, and volunteer service. Please explain all periods of unemployment in excess of one month.** If necessary, please complete this section on additional pages. If you would prefer that we not contact your current employer, please indicate this clearly below.

\_\_\_\_\_  
Company/Employer's name Phone number  
\_\_\_\_\_  
Address (number, street) City, state, zip code  
\_\_\_\_\_  
Job title Supervisor's name Dates employed (from month/year to month/year)  
\_\_\_\_\_  
Nature of duties

\_\_\_\_\_  
Company/Employer's name Phone number  
\_\_\_\_\_  
Address (number, street) City, state, zip code  
\_\_\_\_\_  
Job title Supervisor's name Dates employed (from month/year to month/year)  
\_\_\_\_\_  
Nature of duties

Company/Employer's name		Phone number
Address (number, street)		City, state, zip code
Job title	Supervisor's name	Dates employed (from month/year to month/year)
Nature of duties		

**Professional References:** Please provide the names of three persons who know you from previous employment, school or community activities, whom you have known for at least one year.

Name	Address and Phone Number	Business	Years Acquainted

## Voluntary Self-Identification of Disability

Form CC-305  
OMB Control Number 1250-0005  
Expires 1/31/2020  
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### Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities.<sup>i</sup> To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

### How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Disabilities include, but are not limited to:

- Blindness
- Deafness
- Cancer
- Diabetes
- Epilepsy
- Autism
- Cerebral palsy
- HIV/AIDS
- Schizophrenia
- Muscular dystrophy
- Bipolar disorder
- Major depression
- Multiple sclerosis (MS)
- Missing limbs or partially missing limbs
- Post-traumatic stress disorder (PTSD)
- Obsessive compulsive disorder
- Impairments requiring the use of a wheelchair
- Intellectual disability (previously called mental retardation)

Please check one of the boxes below:

- YES, I HAVE A DISABILITY (or previously had a disability)

NO, I DON'T HAVE A DISABILITY

I DON'T WISH TO ANSWER

\_\_\_\_\_  
**Your Name**

\_\_\_\_\_  
**Today's Date**

## Reasonable Accommodation Notice

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

(i) Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at [www.dol.gov/ofccp](http://www.dol.gov/ofccp).

**PUBLIC BURDEN STATEMENT:** According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.

## Voluntary Self-Identification of Protected Veteran Status

This employer is a Government contractor subject to the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended by the Jobs for Veterans Act of 2002, 38 U.S.C. 4212 (VEVRAA), which requires Government contractors to take affirmative action to employ and advance in employment: (1) disabled veterans; (2) recently separated veterans; (3) active duty wartime or campaign badge veterans; and (4) Armed Forces service medal veterans.

These classifications are defined as follows:

- A "disabled veteran" is one of the following:
  - A veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs; or
  - A person who was discharged or released from active duty because of a service-connected disability.
- A "recently separated veteran" means any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval, or air service.
- An "active duty wartime or campaign badge veteran" means a veteran who served on active duty in the U.S. military, ground, naval or air service during a war, or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.
- An "Armed Forces service medal veteran" means a veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.

Protected veterans may have additional rights under USERRA—the Uniformed Services Employment and Reemployment Rights Act. In particular, if you were absent from employment in order to perform service in the uniformed service, you may be entitled to be reemployed by your employer in the position you would have obtained with reasonable certainty if not for the absence due to service. For more information, call the U.S. Department of Labor's Veterans Employment and Training Service (VETS), toll-free, at 1-866-4-USA-DOL.

If you believe you belong to any of the categories of protected veterans listed above, please indicate by checking the appropriate box below. As a Government contractor subject to VEVRAA, we request this information in order to measure the effectiveness of the outreach and positive recruitment efforts we undertake pursuant to VEVRAA.

Please choose one of the following options below:

\_\_\_\_\_ I identify as one or more of the classifications of protected veteran listed above

\_\_\_\_\_ I am not a protected veteran

\_\_\_\_\_ I choose not to disclose

## **Equal Employment Opportunity/Non-Discrimination Policy**

Butler University is committed to a policy of non-discrimination in all employment practices including, but not limited to, recruiting, hiring, training, advancement, compensation, and termination. Butler University's policies, including its Affirmative Action Programs, will be designed to not only ensure legal compliance with state and federal anti-discrimination and retaliation laws, but to carry out the principles of equal employment opportunities in all job categories. Butler University will recruit, hire, train, and promote persons in all job titles, and ensure that all other personnel actions are administered without regard to race, color, religion, national origin, sexual orientation, gender identity, sex, protected veteran status or disability; and ensure that all employment decisions are based only on valid job requirements. Employees and applicants will not be subjected to harassment, intimidation, threats, coercion, or discrimination for filing a complaint, assisting, or participating in an investigation, compliance evaluation or hearing, opposing and/or exercising any other right made unlawful by Executive Order 11246, Sections 503 and 38 USC 4212, as amended, or their implementing regulations, or any other Federal, State or local laws requiring equal opportunity.

### **Signature**

I certify that answers given herein are true and complete to the best of my knowledge. I fully understand that if employed, any falsification, misrepresentation or omission on this Application, my resume, or any updated Application form will result in dismissal, regardless of the date of discovery. I understand that if employed I will be expected to abide by the rules and regulations of Butler University, all of which may be amended by the University without notice at any time. I further understand that neither this Application nor any statement made to me during the hiring process or thereafter shall be considered to have created a contract of a definite term or duration. Where such a contract is intended, I understand that it shall be in writing and signed by the President of the University or his/her designee. I also understand that, if hired, my employment shall not be for any definite term or duration and that it shall be terminable-at-will, at the option of either the University or myself, with or without cause or prior notice.

I further agree that if I become employed by the University, and in consideration of such employment, I will not commence any action, including, but not limited to any administrative claim or lawsuit against the University or its agents more than 180 calendar days after the date of the event giving rise to said action. I hereby agree that the foregoing includes, but is not limited to, any action that in any way arises out of or relates to my employment and/or the termination of my employment, and I hereby waive any statutes of limitations to the contrary.

I agree to submit to any lawful drug, alcohol, or other testing that may be required as a condition of employment or continued employment and understand that refusal to promptly submit and cooperate with such testing prior to or during the course of my employment will result in disqualification from consideration for employment or, if hired, termination.

I hereby authorize persons, schools, my current employer (if applicable) and previous employers and organizations named in this Application (and accompanying resume, if any) to provide the University with any information requested by it, and I release all such persons from any liability regarding any provision or use of such information.

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