



Pre-employment Inquiry Form

PLEASE PRINT CLEARLY and return to your department for processing.

APPLICANT INFO

Job ID#:		Position applying for:	
Last Name:	First Name:	Middle Name:	
Address:	City:	State:	Zip Code:
Contact Number:		Cell Number:	
Please list previous addresses for the last 7 years:			

EMPLOYMENT HISTORY

1. Supervisor Name/Title/Phone:	
Company:	Your Position Title:
Location (City, State):	Employment Dates:
Current Employer: __No __Yes	Do we have permission to contact? __No __Yes
2. Supervisor Name/Title/Phone:	
Company:	Your Position Title:
Location (City, State):	Employment Dates:
3. Supervisor Name/Title/Phone:	
Company:	Your Position Title:
Location (City, State):	Employment Dates:

EDUCATION

Highest degree earned:	Name of Institution:
Major:	Date degree received (mm/yyyy):
Location (City, State):	Name used while attending:



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Have you ever been employed at Arizona State University (excluding student positions)?
If so, provide inclusive dates and employing department. **Yes** **No**

In compliance with federal law, all persons hired must verify identity and eligibility to work in the United States and to complete the required verification document upon hire.

Discrimination Complaints

It is the policy of ASU to provide equal opportunity through affirmative action in employment. Discrimination is prohibited on the basis of race, color, religion, national origin, citizenship, sex, sexual orientation, gender identity, age, disability, special disabled veteran, other protected veteran or Vietnam-era veteran status.

Any complaint of discrimination may be filed with The Office of Diversity for investigation and resolution. Any employee may visit with the director, or an assistant director, to discuss, in confidence, any concern without fear of jeopardizing job standing within the university. The Office is located in the University Services Building (USB); Phone: 480.965.5057; TTY 480.965.0471.

Agreement

I hereby certify that all information in my application is true and complete to the best of my knowledge. I understand that Arizona State University may perform a background investigation to make inquiries regarding my education, work experience, criminal history and references to determine my suitability for employment. I authorize Arizona State University to secure any information necessary to make a decision.

I understand that Arizona State University will adhere to the provisions of the Fair Credit Reporting Act, if applicable, and other applicable state and federal statutes concerning the securing of information, handling, utilization and release of information obtained in the pre-employment investigation. I agree to abide by all applicable University and Arizona Board of Regents rules, regulations and policies upon my acceptance of employment with the university. The overtime policy of Arizona State University for nonexempt staff employees is to provide, at its discretion, either one and one half hours compensatory time off or additional pay at one and one half times the employee's regular rate of pay for each hour worked over forty hours in a work week. The compensatory time off may be preserved, used and cashed out as provided by the Fair Labor Standards Act.

I understand and agree to accept the above overtime policy as a condition of employment with Arizona State University. My decision to accept the overtime policy is made knowingly, voluntarily and without coercion by the university, or any employee, director, administrator or agent of any of them acting within the course and scope of his/her employment. I understand that any material misrepresentation or omission on this application may be grounds for rejection of my application or termination of any subsequent employment with the university. Arizona State University is an Equal Opportunity/Affirmative Action employer.

False Statements

In applying for positions at ASU, I understand any false statement, misrepresentation or omission of requested information will disqualify me for employment consideration or cause my subsequent dismissal.

Signature:	Date Signed:
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