



*HAMPTON UNIVERSITY PROTON THERAPY INSTITUTE (HUPTI) IS AN EQUAL OPPORTUNITY EMPLOYER
 RETURN COMPLETED EMPLOYMENT APPLICATIONS TO HUPTI HUMAN RESOURCES*

GENERAL

DATE OF APPLICATION: / /

FULL NAME (LAST) (FIRST) (MIDDLE)			EMAIL ADDRESS		
HOME ADDRESS (STREET, CITY, STATE, ZIP CODE)			PHONE NUMBER () () ()	ALTERNATE PHONE NUMBER () () ()	
PREVIOUSLY EMPLOYED AT HAMPTON UNIVERSITY AND/OR HUPTI? <input type="checkbox"/> YES <input type="checkbox"/> NO	DATES OF EMPLOYMENT 1) _____ 2) _____	DEPARTMENT	POSITION	DIRECT SUPERVISOR	
EMERGENCY CONTACT (NAME) (ADDRESS)			PHONE NUMBER () () ()	ALTERNATE PHONE NUMBER () () ()	
HAVE YOU EVER BEEN CONVICTED OF A FELONY OR MISDEMEANOR? IF YES, PLEASE EXPLAIN. <input type="checkbox"/> YES <input type="checkbox"/> NO					
*HUPTI CONDUCTS CRIMINAL RECORD CHECKS ON POTENTIAL APPLICANTS. FAILURE TO DISCLOSE COMPLETE CRIMINAL HISTORY INFORMATION WILL DISQUALIFY AN APPLICANT FROM EMPLOYMENT. CRIMINAL HISTORY CONVICTIONS WILL NOT NECESSARILY DISQUALIFY AN APPLICANT FROM EMPLOYMENT.					
ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THE UNITED STATES? <input type="checkbox"/> YES <input type="checkbox"/> NO <small>IF OFFERED EMPLOYMENT, YOU WILL BE REQUIRED TO PROVIDE DOCUMENTATION TO VERIFY ELIGIBILITY.</small>					

POSITION

POSITION APPLYING FOR		HOW DID YOU HEAR ABOUT HUPTI?			
DATE AVAILABLE	STATUS DESIRED <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> LABOR POOL		HOURS OF WORK PER WEEK		

EDUCATION & TRAINING HISTORY

SCHOOL	NAME/LOCATION	YEARS COMPLETED	GRADUATE?	MAJOR	TYPE OF DEGREE/DIPLOMA
HIGH		1 2 3 4			
COLLEGE		1 2 3 4			
GRADUATE STUDY		1 2 3 4			
OTHER		1 2 3 4			
TYPE OF LICENSE OR CERTIFICATION		LICENSE/CERTIFICATE NUMBER	EFFECTIVE DATE	STATE OF ISSUANCE	
PROFESSIONAL MEMBERSHIPS & CERTIFICATIONS			EXPIRATION DATE	EFFECTIVE DATE	EXPIRATION DATE

WORK EXPERIENCE

LIST MOST RECENT EMPLOYMENT FIRST

START DATE	END DATE	FINAL POSITION TITLE	STARTING PAY	FINAL PAY	MAY WE CONTACT THIS EMPLOYER?
EMPLOYER		DIRECT SUPERVISOR'S NAME AND TITLE			REASON FOR LEAVING
STREET ADDRESS, CITY, STATE, ZIP CODE					PHONE () () ()
RESPONSIBILITIES AND DUTIES					
START DATE	END DATE	FINAL POSITION TITLE	STARTING PAY	FINAL PAY	MAY WE CONTACT THIS EMPLOYER?
EMPLOYER		DIRECT SUPERVISOR'S NAME AND TITLE			REASON FOR LEAVING
STREET ADDRESS, CITY, STATE, ZIP CODE					PHONE () () ()
RESPONSIBILITIES AND DUTIES					

WORK EXPERIENCE CONTINUED

START DATE	END DATE	FINAL POSITION TITLE	STARTING PAY	FINAL PAY	MAY WE CONTACT THIS EMPLOYER?
EMPLOYER		DIRECT SUPERVISOR'S NAME AND TITLE			REASON FOR LEAVING
STREET ADDRESS, CITY, STATE, ZIP CODE					PHONE ()
RESPONSIBILITIES AND DUTIES					

PROFESSIONAL REFERENCES

LIST AT LEAST TWO (2) PEOPLE (NOT RELATIVES, FRIENDS OR PERSONAL REFERENCES), WHO HAVE DIRECT KNOWLEDGE OF YOUR WORK EXPERIENCE, SKILLS, ABILITIES AND/OR EDUCATION.

NAME/TITLE	MAILING ADDRESS	PHONE

HAVE YOU EVER BEEN DISCHARGED OR ASKED TO RESIGN BY AN EMPLOYER? YES NO
IF SO, PLEASE EXPLAIN.

DRIVING RECORD

DEPENDENT UPON THE POSITION, AN ACCEPTABLE DRIVING RECORD MAY BE REQUIRED.

DRIVER'S LICENSE NUMBER (AN ACCEPTABLE DRIVING RECORD MAY BE REQUIRED)	STATE	EXPIRATION DATE
--	-------	-----------------

HAVE YOU EVER HAD YOUR DRIVER'S LICENSE SUSPENDED OR REVOKED? IF YES, PLEASE EXPLAIN. YES NO

PROGRAM ELIGIBILITY

I CERTIFY THAT I AM NOT PRESENTLY, NOR HAVE I PREVIOUSLY BEEN EXCLUDED, DEBARRED, SUSPENDED, SANCTIONED, OR OTHERWISE INELIGIBLE TO PARTICIPATE IN THE MEDICARE OR MEDICAID PROGRAMS OR FEDERAL PROCUREMENT AND NONPR OCUREMENT PROGRAMS. TO THE BEST OF MY KNOWLEDGE, I AM NOT CURRENTLY UNDER INVESTIGATION BY ANY FEDERAL OR STATE AUTHORITY. I WILL INFORM HAMPTON UNIVERSITY PROTON THERAPY INSTITUTE OF ANY CHANGE IN PROVIDER ELIGIBILITY STATUS. I UNDERSTAND THAT APPLICATION CONSIDERATION, EMPLOYMENT OR CONTINUED EMPLOYMENT IS CONTINGENT UPON THE CERTIFICATIONS IDENTIFIED.

SIGNATURE _____ DATE _____

AUTHORIZATION

AS A CONDITION OF EMPLOYMENT CONSIDERATION, PLEASE READ & INITIAL EACH PARAGRAPH BELOW AND SIGN APPLICATION, PRIOR TO SUBMISSION.

_____ I UNDERSTAND THAT ANY FALSE STATEMENT OR FACT OMISSION ON THIS APPLICATION AND/OR OTHER DOCUMENTS RELATED TO MY QUALIFICATIONS AND BACKGROUND, SUCH AS RESUME, VITAE, ETC., MAY BE GROUNDS FOR NOT HIRING, OR FOR TERMINATING ME AFTER I BEGIN EMPLOYMENT. MY SIGNATURE BELOW INDICATES THAT ALL STATEMENTS MADE ON THIS EMPLOYMENT APPLICATION ARE CORRECT, COMPLETE, CURRENT, AND MADE IN GOOD FAITH. I WILL ATTACH INFORMATION AS NECESSARY TO MEET DISCLOSURE REQUIREMENTS.

_____ I UNDERSTAND EMPLOYMENT WITH HAMPTON UNIVERSITY PROTON THERAPY INSTITUTE (HUPTI) IS GOVERNED BY THE PRINCIPLE OF AT WILL EMPLOYMENT, MEANING THAT AT THE OPTION OF HUPTI OR ME, EMPLOYMENT AND COMPENSATION CAN BE TERMINATED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME.

_____ I UNDERSTAND I MAY BE OFFERED EMPLOYMENT EVEN THOUGH CERTAIN BACKGROUND CHECKS AND INVESTIGATIONS, AND REFERENCE CHECKING MAY NOT HAVE BEEN COMPLETED. IF SUCH INQUIRIES ESTABLISH INFORMATION, WHICH MAKES ME UNQUALIFIED IN HUPTI'S OPINION, I UNDERSTAND THAT I WILL BE PROMPTLY TERMINATED.

_____ I CONSENT TO THE RELEASE OF INFORMATION GIVEN TO HUPTI FROM CURRENT AND FORMER EMPLOYERS, SCHOOLS, LAW ENFORCEMENT AGENCIES, AND OTHER ORGANIZATIONS AND INDIVIDUALS, RELEVANT TO MY CONSIDERATION OF EMPLOYMENT. SUCH PARTIES MAY RELY UPON THIS AUTHORIZATION AS A WAIVER OF ANY CLAIM WHATSOEVER I MAY HAVE AS A RESULT OF THE PARTY RESPONDING CANDIDLY TO ANY INQUIRY FROM HUPTI. I ALSO UNDERSTAND THAT HUPTI HAS THE RIGHT TO CIRCULATE MY EMPLOYMENT APPLICATION AND ANY ATTACHMENTS (RESUME, VITAE, ETC.) THROUGHOUT HUPTI, HAMPTON UNIVERSITY AND ITS AFFILIATES.

_____ I UNDERSTAND THAT NO SUPERVISOR, MANAGER OR HUPTI REPRESENTATIVE, OTHER THAN THE PRESIDENT OF HAMPTON UNIVERSITY, OR PRESIDENT'S DESIGNEE, HAS THE AUTHORITY TO ENTER INTO ANY AGREEMENT FOR ANY SPECIFIED PERIOD OF TIME, AND ONLY THEN, IN WRITING, OR MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING.

_____ IF EMPLOYED, I UNDERSTAND THAT I WILL BE SUBJECT TO AND AGREE TO ABIDE BY HUPTI'S POLICIES, PROCEDURES, AND RULES AS DESCRIBED IN THE EMPLOYEE HANDBOOK, CODE OF CONDUCT, HUMAN RESOURCES POLICIES AND PROCEDURES AND OTHER SUCH DOCUMENTS. I UNDERSTAND THAT I WILL BE REQUIRED TO AGREE AND SUBMIT TO ALCOHOL AND/OR SUBSTANCE ABUSE TESTS PRIOR TO MY EMPLOYMENT BY HUPTI AND PERIODIC TESTING THEREAFTER AT THE DISCRETION OF HUPTI, IN ACCORDANCE WITH APPLICABLE HUPTI POLICIES AND/OR PRACTICES. REFUSAL TO SUBMIT TO ALCOHOL AND/OR SUBSTANCE ABUSE TEST WILL RESULT IN TERMINATION.

_____ I AGREE THAT HUPTI MAY, WITHOUT MY FURTHER CONSENT, MAKE LAWFUL USE OF ANY VIDEO IMAGE OR PHOTOGRAPHIC PICTURE IT MAY MAKE OR CAUSE TO BE TAKEN OF ME.

_____ I UNDERSTAND THAT MY HOURS WORK, SCHEDULE, ASSIGNMENTS, ETC., MAY BE CHANGED TO MEET THE BUSINESS NEEDS OF HUPTI.

SIGNATURE _____ DATE _____ RESUME PROVIDED? YES _____ NO _____