



**UNCLASSIFIED EMPLOYMENT APPLICATION
Short Form**

Last Name	First Name	Middle Name

Mailing address

City	State	Zip

Phone	Cell phone	Email address

UO ID (if assigned previously as UO employee/student)

Title of position applied for	Department

How did you learn of this position?

Applicant Certification:	
By my signature below, I certify that all answers and statements on this application and my vita/resume are true and complete to the best of my knowledge. I consent to allow any school I have enrolled in or graduated from to release degree and enrollment information to the University of Oregon for the purpose of verifying information on my employment application. I understand that should an investigation disclose untruthful or misleading answers, my application may be rejected, my name removed from consideration, or my employment with the university terminated.	
Signature: _____	Date: _____

REQUIRED: PLEASE ATTACH CURRENT PROFESSIONAL VITA OR RESUME