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GEORGETOWN AMERICAN UNIVERSITY

Print or type on this form. The application must be fully completed to be considered. Please complete each section, and submit with your CV and credentials to [administration@gau.edu.gy](mailto:administration@gau.edu.gy)

We are an Equal

Opportunity Employer and committed to excellence through diversity

Employee Application Form

|  |  |  |  |
| --- | --- | --- | --- |
| **Personal Information** | | |  |
| Name |  | | |
| Address |  | | |
| Tel No |  | Cell No |  |
| Email Address |  | Skype ID: |  |
| Date of Birth  *mm/dd/yy* |  | National ID/Passport No: |  |
| Are you legally eligible to work in Guyana? | | | Yes No |
| Are you legally eligible to work in USA? | | | Yes No |
| If selected for employment are you willing to submit to a background check? | | | Yes No |

|  |  |
| --- | --- |
| **Position** | |
| Position you are applying for | Student Affairs Officer |
| Expected start date |  |
| Desired pay |  |
| Employment desired | Full-time  Part-time  Temporary |

|  |  |  |  |
| --- | --- | --- | --- |
| **Education** | | | |
| School name | Location | Years attended | Degree |
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| --- | --- | --- | --- |
| **Reference** | | | |
| Name | Title | Company | Phone No. |
|  |  |  |  |
|  |  |  |  |
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| --- | --- | --- | --- |
| **Employment History** | | | |
| Employer 1 |  | Job Title |  |
| Work Address |  | | |
| Work Phone |  | Date Employed |  |
|  | | | |
| Employer 2 |  | Job Title |  |
| Work Address |  | | |
| Work Phone |  | Date Employed |  |
|  | | | |
| Employer 3 |  | Job Title |  |
| Work Address |  | | |
| Work Phone |  | Date Employed |  |
|  | | | |
| Employer 4 |  | Job Title |  |
| Work Address |  |
| Work Phone |  | Date Employed |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Signature Disclaimer** | | | |
| I certify that my answers are true and complete to the best of my knowledge.  If this application leads to employment, I understand that false or misleading information in my application or interview may result in my employment being terminated. | | | |
| Name |  | Signature |  |
| Date |  |