

Update/Change to Employment:

Current or Last Employer Name		Supervisor's Name and Title	
Address (City & State)		Phone Number	
Job Title (if more than one job held with employer, please list separately)		Starting Salary \$	per
		Ending Salary \$	per
Employed (Mo/Yr)	Separated (Mo/Yr)	Specific Duties Performed:	
Full-Time ___ Yrs. ___ Mos.	Part-Time ___ Yrs. ___ Mos.		
If part-time, average number of hours worked per week:			
Reason for leaving: ("personal", "will discuss" or "to accept new job" not specific enough)			
Did you supervise other employees? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate number and type of position(s):			
For Current Employer only: May we contact employer for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No*			
* Note: If you are a finalist under hire consideration, checking this most recent employment reference will be mandatory.			
Employer Name		Supervisor's Name and Title	
Address (City & State)		Phone Number	
Job Title (if more than one job held with employer, please list separately)		Starting Salary \$	per
		Ending Salary \$	per
Employed (Mo/Yr)	Separated (Mo/Yr)	Specific Duties Performed:	
Full-Time ___ Yrs. ___ Mos.	Part-Time ___ Yrs. ___ Mos.		
If part-time, average number of hours worked per week:			
Reason for leaving: ("personal", "will discuss" or "to accept new job" not specific enough)			
Did you supervise other employees? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate number and type of position(s):			

Please provide us with your social security number. This will be used as a unique identifier to manage your records in the applicant database system maintained by the Office of Human Resources. This page of the *Application for Civil Service Employment* will not be provided to interviewers.

Social Security Number: _____

ALL REQUESTED INFORMATION IN THESE BOXES MUST BE PROVIDED.

This information will not be provided to interviewing departments.

RELATIVES

Does SIU School of Medicine now employ any of your relatives? Yes No

Name _____ Department _____ Relationship _____

Name _____ Department _____ Relationship _____

Name _____ Department _____ Relationship _____

CONVICTION HISTORY (Note: You are not obligated to disclose conviction records that you know have been sealed or expunged.)

Have you ever been convicted of a TRAFFIC offense? Yes* No

Have you ever been convicted of a MISDEMEANOR? Yes* No

Have you ever been convicted of a FELONY? Yes* No

* If the answer to any of these questions is yes, you must also complete the section below.

THIS SECTION MUST BE COMPLETED IF YOU HAVE A RECORD OF CONVICTION(S)

List all convictions below - *If additional space is needed, please copy this page*

1.	Conviction for:			
	Date of Offense:		Date of Conviction:	<input type="checkbox"/> Traffic <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Felony

Please provide explanation below. Explanation should include nature of offense, rehabilitation efforts, and any other data you wish to provide that you believe will be useful in the review of your conviction history.

2.	Conviction for:			
	Date of Offense:		Date of Conviction:	<input type="checkbox"/> Traffic <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Felony

Please provide explanation below. Explanation should include nature of offense, rehabilitation efforts, and any other data you wish to provide that you believe will be useful in the review of your conviction history.

You are welcome to provide any additional comments or factors that you feel should be considered.

I hereby affirm that my answers to the foregoing questions on this Application Update form are true and correct, and I understand that misrepresentation or omission of facts called for in any of my application materials, examination documents, or during the interview process may constitute grounds for rejection of application or for termination of employment from Southern Illinois University School of Medicine (SIU-SM).

APPLICATION UPDATE WILL NOT BE PROCESSED WITHOUT SIGNATURE

Signature _____ Date _____