



## UCF Student Health Services

### OPS/Student Employment Application

We are an equal opportunity employer and make employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age, or disability. No question on this application is used for the purpose of limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. If you need an accommodation in completing this application, please notify a representative of the organization.

Applicant name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Position(s) applied for or type of work desired: \_\_\_\_\_

How were you referred? \_\_\_\_\_

Type of employment desired: \_\_\_\_\_ FT \_\_\_\_\_ PT \_\_\_\_\_ Temporary

Date available to start work: \_\_\_\_\_

Do you have any relatives who are currently employed by the University? \_\_\_\_\_

If yes, please provide their name and relationship: \_\_\_\_\_

Are you legally authorized to work in the United States? \_\_\_\_\_

Application for \_\_\_\_\_, cont.

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Employment History

Please provide all employment information for your past three employers starting with the most recent.

1. Employer: \_\_\_\_\_  
Position/s held: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone#: \_\_\_\_\_  
Immediate supervisor and title: \_\_\_\_\_  
Dates employed: from to Salary: \_\_\_\_\_  
May we contact this employer? \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_  
Summary of duties: \_\_\_\_\_  
\_\_\_\_\_
  
  2. Employer: \_\_\_\_\_  
Position/s held: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone#: \_\_\_\_\_  
Immediate supervisor and title: \_\_\_\_\_  
Dates employed: from to Salary: \_\_\_\_\_  
May we contact this employer? \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_  
Summary of duties: \_\_\_\_\_
  
  3. Employer: \_\_\_\_\_  
Position/s held: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone#: \_\_\_\_\_  
Immediate supervisor and title: \_\_\_\_\_  
Dates employed: from to Salary: \_\_\_\_\_  
May we contact this employer? \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_  
Summary: \_\_\_\_\_
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Application for \_\_\_\_\_, cont.

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**Other Skills and Qualifications**

Summarize any job-related training, skills, computer knowledge, licenses, certificates, and any other information you believe is relevant to your qualifications for this job: \_\_\_\_\_

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**Educational History**

TYPE OF SCHOOL	NAME OF SCHOOL	MAJOR & DEGREE or COMPLETED	YEARS
High School			
College			
Bus. Or Trade School			
Professional School			

**References**

List 3 references, including their names, telephone numbers, and years known (do not include relatives or employers):

1. \_\_\_\_\_  
\_\_\_\_\_
2. \_\_\_\_\_  
\_\_\_\_\_
3. \_\_\_\_\_  
\_\_\_\_\_

Application for \_\_\_\_\_, cont.

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Release

I hereby authorize UCF Health Services to contact, obtain, and verify the accuracy of information contained in this application from previous employers, educational institutions, and references.

I understand that any intentional misrepresentation or material omission made by me on this application may constitute grounds for rescission of a job offer or immediate termination of employment if I am employed, without notice, whenever it may be discovered.

I understand as an applicant for employment or an employee, of the UCF Health Services, I am a consumer with rights under the Fair Credit Reporting Act. The University may request a consumer report or an investigative consumer report of me from a consumer agency at any time during the process of evaluating my application for employment, promotion, reassignment or retention.

If I am employed, I acknowledge that there is no specified length of employment and that this application does not constitute an agreement or contract for employment. Accordingly, either I or the employer can terminate the relationship at will, with or without cause, at any time, so long as there is no violation of applicable federal or state law.

I also understand that, if I am employed, I will be required to provide satisfactory proof of identity and legal work authorization within three days of being hired. Failure to submit such proof within the required time shall result in immediate termination of employment.

I have read and fully understand the foregoing statements and I seek employment under these conditions.

Applicant signature: \_\_\_\_\_ Date: \_\_\_\_\_



## University of Central Florida Health Center

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Semester:    Spring                      Summer A                      Summer B                      Fall

### AVAILABILITY TO WORK

(Please list times you are able work 7:30am-8:30pm)

Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	

Number of Hours Requested Weekly: \_\_\_\_\_

- I agree to work at least 15 hours (20 preferred) weekly.
- I agree to work at least 3 blocks of 5 consecutive hours per week (Ex: 7:30-12:30; 8:00-1:00, 12:00-5:00 or 1:00-6:00pm).
- If not selected as candidate for desired department, please forward my application to other Student Health Service departments (optional).

#### Please return this form along with:

- A printout of your class schedule
- A completed OPS/Student Employment Application that includes 3 professional references (previous employer, current employer, volunteer supervisor, professor)
- Resume is preferred