

Research Associate/Senior Research Associate Employment Application
Employment Application

Date	Position Applying for: <input type="checkbox"/> Research Associate <input type="checkbox"/> Senior Research Associate <input type="checkbox"/> Research Scientist Department/Principle Investigator:		
Last Name	First Name	Middle Initial	Maiden Name
Street Address	City	State	Zip
Email Address	Primary Phone Number	Secondary Phone number	
Are you eligible for employment in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you ever been convicted of a crime, or pled guilty or no contest to a crime, other than a minor traffic violation? (Note: If you have had a conviction formally expunged by the appropriate court and you have written documentation of the expungement, you are not obligated to report that conviction here. However, the University reserves the right to request documentation indicating that the conviction has been expunged.) <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain: - <hr/> <hr/> <hr/> <hr/>			
Have you previously worked for Case Western Reserve University? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Do you have any relatives or a significant other working at Case? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, whom? _____		Relationship: _____	
How did you learn about this position?			

Educational Experience

Doctorate Degree	Institution	Location (City, State, Country)
Doctorate Degree	Institution	Location (City, State, Country)
Graduate Degree	Institution	Location (City, State, Country)
Undergraduate Degree	Institution	Location (City, State, Country)

Training Experience

(Internship, Fellowship, Residency, Post-doctorate position)

Experience	Institution	Location (City, State, Country)
Experience	Institution	Location (City, State, Country)
Experience	Institution	Location (City, State, Country)
Experience	Institution	Location (City, State, Country)

Professional Affiliations

(List in the spaces below)

1)	
2)	
3)	

Professional References

Name	Relationship/Institution	Years Known	Phone Number	Email Address

Previous Employment

Position Title	Institution	Location (City, State, Country)
Dates of Employment	Reason for Leaving	
Supervisor's Name	Supervisor's Title	Supervisor's Phone # & Email address
May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	Publications <input type="checkbox"/> Yes <input type="checkbox"/> No	CV Included <input type="checkbox"/> Yes <input type="checkbox"/> No
Position Title	Institution	Location (City, State, Country)
Dates of Employment	Reason for Leaving	
Supervisor's Name	Supervisor's Title	Supervisor's Phone # & Email address
May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	Publications <input type="checkbox"/> Yes <input type="checkbox"/> No	CV Included <input type="checkbox"/> Yes <input type="checkbox"/> No
Position Title	Institution	Location (City, State, Country)
Dates of Employment	Reason for Leaving	
Supervisor's Name	Supervisor's Title	Supervisor's Phone # & Email address
May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	Publications <input type="checkbox"/> Yes <input type="checkbox"/> No	CV Included <input type="checkbox"/> Yes <input type="checkbox"/> No

Please provide additional experience on a separate document

Please read the following statement carefully before submitting your application. Your submittal acknowledges that you have read and understand the statements and authorize any person, agency or other entity contracted by Case Western Reserve University or its agents to furnish information concerning you:

I authorize the companies, schools and persons named on this application to provide information regarding me and hereby release them from all liability in connection with the release of this information.

I hereby authorize the University, its agents and representatives to perform background checks into the records of the Bureau of Motor Vehicles and/or into the records of law enforcement agencies for records of criminal convictions. I further acknowledge and understand that any adverse information obtained by the University in conducting its background checks will be considered in the decision whether or not to hire me and may be the basis for a refusal to hire me.

I further understand that any offer of employment I may receive is, or may be, contingent upon the successful completion of a physical examination which will be job related and consistent with the business purposes of the University.

I understand that by completing this application, there is no guarantee of an employment interview or offer. If I am granted an interview and receive an employment offer, the offer and employment benefits received are not to be construed as an express or implied contract of employment with the University.

If I am offered employment, I understand that I am required by law to provide the University with proof of my identity and eligibility for employment within three (3) working days of my start date.

I certify that all of the information contained herein is true. I understand that the misrepresentation or omission of facts is sufficient cause for refusal of employment or dismissal from my employment if I obtain a position at the University. I further understand that an electronic submission of this authorization may be considered as valid as an original.

Signature: _____ Date: _____