



OFFICE OF UNIVERSITY EVENTS AND CEREMONIES

APPLICANT INFORMATION					
First Name		Middle		Last	
Position Applying for:					
Have you ever held another position at Longwood?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, where?		
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain.		
Address:	City:	State:	Zip Code:		
Phone Number:					

EDUCATION			
Major		Minor	
Expected Graduation Date			

REFERENCES			
<i>Please list three professional references.</i>			
Full Name		Relationship	
Company		Phone Number	()
Full Name		Relationship	
Company		Phone Number	()
Full Name		Relationship	
Company		Phone Number	()

Please check all that you feel comfortable performing.							
<input type="checkbox"/> Light Lifting (<20 lbs.)	<input type="checkbox"/> Moderate Lifting (20-50 lbs.)	<input type="checkbox"/> Heavy Lifting (>50 lbs.)	<input type="checkbox"/> Pushing/Pulling				
<input type="checkbox"/> Standing	<input type="checkbox"/> Climbing	<input type="checkbox"/> Reaching	<input type="checkbox"/> Sitting	<input type="checkbox"/> Walking	<input type="checkbox"/> Bending	<input type="checkbox"/> Repetitive Motion	

Please rate the following, based on your ability to perform each task, on a scale of 1 to 10: (1 being "unable to perform" and 10 being "able to perform with high proficiency")					
Fast Work Pace		Intense Customer Interaction		Frequent Change	
Multiple Stimuli		Multiple Priorities		Reasoning/Logic	
Memory		Reading		Analyzing	
Written Communication		Verbal Communication		Hearing	

DISCLAIMER & SIGNATURE			
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 release.			
Signature		Date	