

Application for Employment

Sigma Nu Fraternity, Inc. is an equal opportunity employer. Applicants are considered for employment without regard to race, color, national origin, religion, sex, age, disability, citizenship status, genetic information, military status, marital status, or any other basis prohibited by law, unless such basis constitutes a bona fide occupational qualification. **Sigma Nu Fraternity, Inc.** will comply with its obligation to provide reasonable accommodation to qualified individuals with disabilities and for religious beliefs.

General Information

Consulting Specialty Interest: _____ Date: _____

Preference –Leadership/Expansion & Recruitment/Either

Name: _____

Last	First	M.I.
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Mailing Address: _____

Street	City	State	Zip
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Cell Phone: _____

Permanent Address: _____

Street	City	State	Zip
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Email: _____

Collegiate Chapter: _____ Badge: _____

When are you available to start work at Sigma Nu Fraternity, Inc.? _____

How did you hear about the job opening at Sigma Nu Fraternity, Inc.?

Are you legally authorized to work in the U.S.? Yes No

Will you now or in the future require sponsorship for employment visa status (e.g., H-1B)? Yes No

Have you applied or been employed here before? Yes No

If yes, give date(s) _____

Education

Type of School	Name of School	City and State	# of Years Completed	Graduate	Course Pursued / Degrees Granted
High School					
College or University					
Other School or College (Business, Trade, Specialty, Other)					

Other schooling or relevant training: _____

Experience

Type	List all positions, events attended, involvement, activities, or honors/awards as appropriate.
Chapter Experience (Offices/Chairs)	
Involvement with General Fraternity (Events Attended)	
IFC/Greek Experience (Involvement and Positions)	
Campus Activities (Involvement and Positions)	
Honors/Awards	

Prior Employment

Employer:		Employment Dates	Kind of Work Performed:
Address:		From:	
Telephone:		To:	Reason for Leaving:
Job Title:			
Immediate Supervisor:			
Employer:		Employment Dates	Kind of Work Performed:
Address:		From:	
Telephone:		To:	Reason for Leaving:
Job Title:			
Immediate Supervisor:			
Employer:		Employment Dates	Kind of Work Performed:
Address:		From:	
Telephone:		To:	Reason for Leaving:
Job Title:			
Immediate Supervisor:			
Employer:		Employment Dates	Kind of Work Performed:
Address:		From:	
Telephone:		To:	Reason for Leaving:
Job Title:			
Immediate Supervisor:			
<i>(Provide a separate attachment if additional space is needed)</i>			

May we contact the employers listed above? Yes No

If no, indicate which one(s) you do NOT wish us to contact and state the reason why.

Have you ever been discharged or asked to resign from any position? Yes No

If yes, state the employer, dates of employment, and reason.

Business References

List the name and telephone number of three business/work references who are *not* related to you. If you are new to the workforce, list three school or personal references who are *not* related to you.

Name	Business/Organization	
Relationship to you	Telephone	# Years Known

Name	Business/Organization	
Relationship to you	Telephone	# Years Known

Name	Business/Organization	
Relationship to you	Telephone	# Years Known

Personal References

List the name and telephone number of three personal references who are *not* related to you.

Name	Title/Role	
Relationship to you	Telephone	# Years Known

Name	Title/Role	
Relationship to you	Telephone	# Years Known

Name	Title/Role	
Relationship to you	Telephone	# Years Known

Applicant Statement

I authorize investigation of all statements contained in this application for employment. In making this application for employment, I understand that information may be obtained through interviews with the personal references and past employers as well as the Department of Motor Vehicles to obtain driving records. This inquiry may include information as to my character, general reputation, and personal characteristics, as well as information about my work performance and workplace conduct. I consent to this review and to the consideration of any statements of references or former employers that are given in response to the inquiry.

I understand that information provided as to my preference of position is considered as such, but that interviews are conducted for general consulting positions and subsequent hiring decisions for a specific position are made based on need, availability of positions, and best fit for the applicant, as determined by Sigma Nu Fraternity, Inc.

I hereby release all parties, including Sigma Nu Fraternity, Inc., personal references, schools attended, and previous employers from liability for any injury or damage that may result from their furnishing information concerning me or any action Sigma Nu Fraternity, Inc. takes on the basis of such information.

I understand that, according to federal law, all individuals who are hired must, as a condition of employment, produce certain documentation to verify their identity and United States citizen status or, if aliens, their legal authorization to work in the United States. As a consequence, I understand that any offer of employment to me is contingent upon my ability to produce the required documentation within the time period required by law.

I certify that I am not bound by any employment contract or non-competition agreement that would be breached by any employment that might be offered to me by Sigma Nu Fraternity, Inc., nor am I in possession of nor will I at any time reveal to Sigma Nu Fraternity, Inc., under any circumstances, any proprietary or confidential information that is the subject of any contract, non-disclosure agreement or prior work relationship involving any other person or entity.

I understand that this application is not, and is not intended to be, a contract of employment and that any resulting employment relationship is for no fixed period of time and is terminable at any time and for any reason by Sigma Nu Fraternity, Inc. or by me. I further understand that statements which may be contained in policies, practices, handbooks, or other firm material do not create any guarantee of employment and that Sigma Nu Fraternity, Inc. has the right to modify, amend, or terminate policies, practices, benefits plans, or other programs within the limits and requirements imposed by law. I understand that no representative of Sigma Nu Fraternity, Inc., other than an officer, has the authority to enter into any agreement for any specific period of time or to make any agreement contrary to my at-will employment status and that any such agreement must be in writing to be binding.

I certify that this application was completed by me and that all entries and information in it are true and complete to the best of my knowledge. I understand that any information provided by me that is found to be false, incomplete or misrepresentative in any respect, may (i) eliminate me from further consideration for employment, or (ii) result in my immediate discharge, whenever it is discovered.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT

Type or sign your name and then initial and date below to indicate your understanding and agreement with the Applicant Statement.

*I certify that I have read and fully understand the above Applicant Statement,
that I am the person whose name appears below,
and that the following is my manual or electronic signature.*

Applicant Name

Initials

Date

Application Checklist

Official Transcript (Required)

Signed Applicant Statement (Required – previous page)

Motor Vehicle Record Disclosure and Release Form (Required – [Download](#))

Complete and return by email or fax (540.463.1669)

Background Check Authorization Form (Required – [Download](#))

Review all information. Complete and return pages 2-5 by email or fax

Resume (Optional)

Recommendation Letters (Optional)

Application Deadlines and Submission Instructions

Applications are due by:

October 15th for consideration of either a January start or “early decision” for a June start date.

March 1st is the final deadline for consideration of a June start date.

If all openings for January and June are filled during the fall interview process interviews may not be conducted in the spring.

Submit completed applications and supporting materials to either of the following addresses. A copy of the completed application form, motor vehicle release, and background check authorization are required to open an application file and prior to the scheduling of an initial interview. Applicants may submit transcripts and recommendation letters separately from their application form.

EMAIL (PREFERRED)

headquarters@sigmanu.org

MAIL (HARD COPY MATERIALS)

Sigma Nu Fraternity, Inc.

Attn: Consultant Program

9 N. Lewis Street

P.O. Box 1869

Lexington, VA 24450