

**APPLICATION SUPPLEMENT
SOUTHERN ILLINOIS UNIVERSITY CARBONDALE**

PLEASE PRINT OR TYPE - USE BLACK INK ONLY

Last 4 of SSN** (for new hire)
AIS/Emp # (for reappointment)

Last Name

First Name

Middle Name

THIS FORM SHOULD BE USED TO LIST POSITIONS NOT INCLUDED ON YOUR ORIGINAL APPLICATION FOR EMPLOYMENT. PLEASE VERIFY THE PERSONAL AND EDUCATION AND TRAINING INFORMATION ON YOUR ORIGINAL APPLICATION. ACCURATE ADDRESS INFORMATION IS ESSENTIAL.

Employer	Address		
Job title	Supervisor's name	Number supervised by you	
Beginning date (mo.,yr.)	Reason for leaving	May we contact employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Ending date (mo.,yr.)	Duties:								
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center;">Full time</td> <td style="width: 50%; text-align: center;">Part time*</td> </tr> <tr> <td style="text-align: center;">years months</td> <td style="text-align: center;">years months</td> </tr> <tr> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> </table>				Full time	Part time*	years months	years months	_____	_____
Full time				Part time*					
years months				years months					
_____	_____								
*If part time number of hours worked per week _____									

Employer	Address		
Job title	Supervisor's name	Number supervised by you	
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Full time				Part time*					
years months				years months					
_____	_____								
*If part time number of hours worked per week _____									

Signed (First update) _____	Date _____
Signed (Second update) _____	Date _____

PLEASE KEEP US ADVISED OF ANY CHANGE IN YOUR ADDRESS, INTEREST, OR AVAILABILITY.

**Social security number is requested on this form to facilitate recordkeeping and to minimize efforts and errors in reference to other records which require its use. Disclosure is strictly voluntary, and may be refused without penalty. If provided, it may be removed at any time at your request.