

## Applicant Information

Department Number: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant Name: \_\_\_\_\_  
Last First M.I.  
\_\_\_\_\_  
Address City, State Zip

Job Title: \_\_\_\_\_

☐ Part Time/hours per week: \_\_\_\_\_ ☐ Full Time ☐ Temporary ☐ New Position ☐ Unbudgeted☐ Replacement for \_\_\_\_\_

Proposed Salary: \_\_\_\_\_ Start Date: \_\_\_\_\_

Date of first performance review: \_\_\_\_\_

Additional Comments:

\_\_\_\_\_  
Department Approval Title Date

\_\_\_\_\_  
VP Approval Title Date

\_\_\_\_\_  
Lauren Thompson Director of Finance  
Title Date

\_\_\_\_\_  
Perry Moulds President  
Title Date

\_\_\_\_\_  
Vicky Williams Director of Human Resources  
Title Date

Human Resources  
Classification

☐ Hourly☐ Non-exempt☐ Exempt

Approved by \_\_\_\_\_