

EMPLOYMENT APPLICATION

LAST NAME PARK		FIRST NAME YOUNGMIN	MIDDLE INITIAL
NUMBER AND STREET 3729 Spring Garden St.		APT. NO.	
CITY Philadelphia		STATE PA	ZIP CODE 19104
ARE YOU LESS THAN 18 IF YES, GIVE BIRTHDATE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		TELEPHONE NUMBER (INCLUDE AREA CODE) (412) 805-0283	CELL PHONE NUMBER

EMAIL ADDRESS **ympark1988@gmail.com**

List name and relationship of relatives working at Augustana University

NAME	RELATIONSHIP	DEPARTMENT	POSITION

Have you ever been convicted of a crime? ☐ YES ☒ NO IF YES, EXPLAIN:

TYPE OF WORK DESIRED Assistant Prof.	DATE AVAILABLE FOR EMPLOYMENT June 2019	STARTING SALARY EXPECTED \$55,000	DO YOU PREFER <input type="checkbox"/> PART-TIME <input checked="" type="checkbox"/> FULL-TIME <input type="checkbox"/> TEMPORARY <input type="checkbox"/> DAYS <input type="checkbox"/> NIGHTS
REFERRED BY Mathjobs.org			

EDUCATION List last High School and all College/Graduate Schools

NAME AND ADDRESS	DATES MO./YR	GRADUATE?	DEGREE	COURSE
James Madison High	9/2003	<input type="checkbox"/> YES	High school diploma	MAJOR
201 S. Gammon Madison, WI	6/2007	<input checked="" type="checkbox"/> NO		MINOR
Case Western	8/2008	<input checked="" type="checkbox"/> YES	MS/BS	MAJOR Applied Math
10900 Euclid Cleveland, OH	8/2013	<input type="checkbox"/> NO		MINOR
Univ. of Pittsburgh	8/2013	<input checked="" type="checkbox"/> YES	PhD	MAJOR Mathematics
4200 Fifth Ave. Pittsburgh, PA ¹⁵²⁶⁰	4/2018	<input type="checkbox"/> NO		MINOR
		<input type="checkbox"/> YES		MAJOR
		<input type="checkbox"/> NO		MINOR
What Foreign Language do you know?	SPEAK		READ	WRITE

PC/Computers/Word Processing/Software - List

Notice of Nondiscrimination:

Augustana University is committed to providing equal access to and participation in employment opportunities and in programs and services, without regard to race, color, religion, creed, sex, sexual orientation, national origin, ancestry, age or disability. Augustana complies with Title IX of the Education Amendments of 1972, the Americans with Disabilities Act, the Rehabilitation Act, and other applicable laws providing for nondiscrimination against all individuals. The University will provide reasonable accommodations for known disabilities to the extent required by law.

AUGUSTANA
UNIVERSITY

EMPLOYMENT RECORD

All information including salary will be verified

WERE YOU EVER DISCHARGED OR ASKED TO RESIGN FROM ANY POSITION? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, GIVE DATE AND NATURE OF CIRCUMSTANCES	MAY WE CONTACT YOUR PRESENT EMPLOYER <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
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Account for all periods of employment and list periods of unemployment for the last ten years beginning with your present or most recent position.

Present or last employer Univ of Penn	DATES (MO. YR.) 5/2018 - 5/2019	CURRENT OR LAST POSITION Postdoc	SALARY (START/FINAL) \$48K/yr
ADDRESS		NAME OF SUPERVISOR Maria N. Gelfen	TELEPHONE

DUTIES Postdoctoral Researcher	REASON FOR LEAVING contract end
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Present or last employer Univ of Pitt	DATES (MO. YR.) 8/2013 - 4/2018	CURRENT OR LAST POSITION Teaching Fellow	SALARY (START/FINAL) \$20K/yr
ADDRESS		NAME OF SUPERVISOR Bard Ermentrout	TELEPHONE

DUTIES Teaching	REASON FOR LEAVING contract end/graduation
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Present or last employer Case Western	DATES (MO. YR.) 8/2008 - 8/2013	CURRENT OR LAST POSITION Undergrad researcher	SALARY (START/FINAL) \$10/hr
ADDRESS		NAME OF SUPERVISOR	TELEPHONE

DUTIES	REASON FOR LEAVING contract end/graduation
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Present or last employer	DATES (MO. YR.)	CURRENT OR LAST POSITION	SALARY (START/FINAL)
ADDRESS		NAME OF SUPERVISOR	TELEPHONE

DUTIES	REASON FOR LEAVING
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Present or last employer	DATES (MO. YR.)	CURRENT OR LAST POSITION	SALARY (START/FINAL)
ADDRESS		NAME OF SUPERVISOR	TELEPHONE

DUTIES	REASON FOR LEAVING
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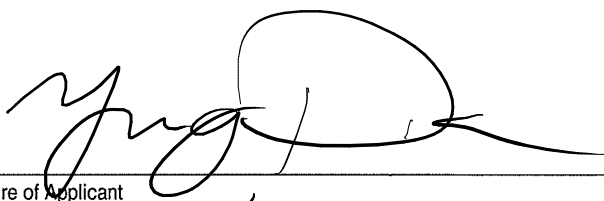
Please read the following statements carefully; they constitute the conditions under which you might be employed by Augustana University.

1. I certify that the facts set forth in this application are true and complete. I authorize investigation of the statements I have made herein. I hereby release from any and all liability all representatives of the university for their acts performed in good faith and without malice in connection with evaluating my application, credentials, and qualifications. I hereby further authorize any party having information bearing upon my qualifications for employment to release such information to the University (unless otherwise stated). I also release from any and all liability all individuals and organizations who provide information to the University in good faith and without malice concerning my employment competence, ethics, character, criminal history/driving record, and other qualifications, including other privileged and confidential information. I understand that any false statement on this application shall be sufficient cause for denial of employment or summary dismissal.

2. We are subject to Section 503 of the Rehabilitation Act of 1973 and Section 402 of the Vietnam Era Veterans Readjustment Assistance Act of 1974. These acts require government contractors to take affirmative action to employ and advance in employment, qualified handicapped individuals, disabled veterans, and veterans of the Vietnam era. If you qualify to be covered by these programs and would like to be considered under our affirmative action programs, please tell us. This information is voluntary and refusal to provide it will not negatively affect your opportunity for employment. Information obtained concerning individuals shall be kept confidential, except that (i) supervisors and managers may be informed regarding restrictions on the work or duties of disabled employees and regarding necessary accommodations, and (ii) first aid personnel may be informed, when and to the extent appropriate, if they think the condition might require emergency treatment.

3. I understand that the unlawful, manufacture, distribution, dispensing, possession or use of a controlled substance/alcohol is prohibited at Augustana University. Violation of this policy may result in my release without notice.

4. As a condition of employment, I agree to notify the Director of Human Resources of any criminal drug statute conviction for a violation occurring in the work place no later than five days after such a conviction.

Signature of Applicant 
Date **10/31/2018**

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2017
Page 1 of 2

Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities.¹ To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Disabilities include, but are not limited to:

- Blindness
- Autism
- Bipolar disorder
- Post-traumatic stress disorder (PTSD)
- Deafness
- Cerebral palsy
- Major depression
- Obsessive compulsive disorder
- Cancer
- HIV/AIDS
- Multiple sclerosis (MS)
- Impairments requiring the use of a wheelchair
- Diabetes
- Schizophrenia
- Missing limbs or partially missing limbs
- Intellectual disability (previously called mental retardation)
- Epilepsy
- Muscular dystrophy

Please check one of the boxes below:

- ☐ YES, I HAVE A DISABILITY (or previously had a disability)
- ☒ NO, I DON'T HAVE A DISABILITY
- ☐ I DON'T WISH TO ANSWER

Yongmin Park
Your Name

10/31/2018
Today's Date

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2017
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Reasonable Accommodation Notice

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

ⁱ Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.