

Name _____

Acknowledgment of Understanding Authorization and Release

Concordia University does not discriminate in hiring or employment on the basis of race, color, national origin, sex, age or disability. Concordia University Irvine is a Christian educational institution operated by The Lutheran Church-Missouri Synod and, in compliance with Title VII of the Civil Rights Act of 1964, reserves the right to give preference in employment based upon religion. In addition, I understand that all employees of Concordia University are expected to respect the official teachings of the Christian faith and to pursue lifestyles that are morally in harmony with Scripture.

It is understood that this application is not an obligation to provide employment. The application will be kept for three months; however, if a candidate desires to apply for a different posted position at Concordia University, an additional application must be completed and submitted to the Human Resources offices. I understand that Concordia University is an at-will employer and if hired, the length of my employment is not guaranteed. I further understand that I will be free to quit at any time, with or without cause, and Concordia University is free to terminate my employment at any time, with or without cause.

I hereby certify that the statements made in this employment application are true and complete, to the best of my knowledge, and I authorize investigation of those statements. I understand that falsification, misrepresentation or omission of facts will be sufficient cause for elimination of any consideration for employment, or cause for dismissal from Concordia University after employment.

Concordia University has the right, exercisable at any time, and without notice, to change wages, to change or eliminate benefits and policies, as well as to terminate, with or without cause, the employment relationship. I understand that no manager or representative of Concordia University, other than those so designated by the Vice-President for Administration, has any authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to the foregoing.

I voluntarily and knowingly authorize Concordia University, and /or its agents, to verify any aspect of the information contained in my employment application or through public or private sources. I further understand that misrepresentations or omissions in my employment application may be cause for rejection or subsequent dismissal if I am hired. Medical and workers' compensation will only be requested in compliance with the Federal Americans with Disabilities Act (ADA).

I voluntarily and knowingly authorize any former employer, person, firm, corporation, school or government agency, its officers, employees and agents to release to you or your agents any and all information concerning, but limited to, performance evaluation and reports, job descriptions, disciplinary reports, letters of reprimand and opinions regarding my suitability for employment possessed by it.

I voluntarily and knowingly fully release and discharge, absolve, indemnify and hold harmless Concordia University, its agents, and any former employer, person, firm, corporation, school or government agency, its officers, employees and agents from any and all claims, liability, demands, causes of action, damages, or costs, including attorney's fees, present or future, whether known or unknown, anticipated or unanticipated, arising from or incidental to the disclosure or release of any such information to Concordia University, or its agents.

I agree that I have read and understand the above acknowledgments and agreements and recognize all of the above as conditions of employments.

Signature

Date

Print Name