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**A PRIVATE RESIDENCE HALL SERVING THE UNIVERSITY OF KANSAS**

December 20, 2017

To: All Applicants for the Naismith Hall Resident Advisor Positions

Re: Application/Selection Process Information

Thank you for applying to be a Naismith Resident Advisor. Please read all the information in this packet carefully. In order to be considered for an interview, you must have all the following required items on file by Friday, February 9, 2017:

1. A completed application form
2. A required essay (instructions included in the packet)
3. Three letters of reference
4. Transcript from the University of Kansas

All applications and required items should be returned to the front desk or the General Manager's Office in the order shown above via U.S. Mail or Email; [GeneralManager@Naismithhall.com](mailto:GeneralManager@Naismithhall.com).

If you are invited to a first interview, you will be contacted, and it will be held sometime in February or March, 2018. At that time, the remainder of the selection process will be explained to you in detail.

Thank you for your interest in becoming a Resident Advisor at Naismith Hall. If you have any questions, contact the General Manager at 785.843.8559.

Sincerely,

Brain D. Haney  
General Manager  
[generalmanager@naismithhall.com](mailto:generalmanager@naismithhall.com)

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**1800 NAISMITH DRIVE LAWRENCE, KANSAS 66045 || 785.843.8559 || [INFO@NAISMITHHALL.COM](mailto:INFO@NAISMITHHALL.COM)**

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**ON THE DOOR STEPS OF EVERYTHING**  
[WWW.NAISMITHHALL.COM](http://WWW.NAISMITHHALL.COM)



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## REQUIRED ESSAY

On a separate sheet, compose an essay, which contains, at least, the following information:

1. What are your motivations, aside from the financial benefits, for applying for the Resident Advisor Position?
2. List a few personal characteristics or qualities, which you possess that make you a well-qualified candidate for the Resident Advisor Position.
3. Describe a relevant experience you have had interacting with someone who was different from yourself and explain how that challenged you and what allowed you to overcome that challenge.
4. What challenges or limitations might you encounter as a Resident Advisor?
5. How would you overcome these limitations? (Include and personal characteristics, significant time commitments to which you are already obligated, etc.)
6. What other clubs, organizations, or activities are you currently involved in on campus?
7. If you were chosen as a Resident Advisor, what would you like to accomplish with your floor and in the building?
8. If you had to say, what do you consider would be the most important aspect of being a Resident Advisor?

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**Naismith Hall/Naismith Food Service**

1800 Naismith Drive  
Lawrence, KS 66045

**Application for Employment**

The Bromley Group of Companies is an equal opportunity employer and does not discriminate on the basis of race, color, religion, sex, national origin, age, disability or any other protected status in accordance with applicable local, state and federal laws.

***PLEASE PRINT***

\_\_\_\_\_  
**Social Security #** \_\_\_\_\_ **Date** \_\_\_\_\_

**Name** \_\_\_\_\_  
**Last** \_\_\_\_\_ **First** \_\_\_\_\_ **MI** \_\_\_\_\_

**Position(s) applied for** \_\_\_\_\_

**For checking prior work/educational records, list all LAST names you have been known as** \_\_\_\_\_

\_\_\_\_\_  
**Address** \_\_\_\_\_  
**Street** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Telephone** \_\_\_\_\_ **Mobile** \_\_\_\_\_

**E-mail (if applicable)** \_\_\_\_\_

**If you are under 18, and it is required, can you furnish a work permit?**.....  Yes  No

**If no, please explain** \_\_\_\_\_

**Have you ever worked for the company before?** .....  Yes  No

**Have you ever applied for the company before?** .....  Yes  No

**Are you legally eligible for employment in this country?** .....  Yes  No

*(Proof of citizenship or immigration status will be required upon employment.)*

**Date available for work** \_\_\_\_\_

**Type of employment desired:**  Full time  Part-Time  Temporary  Seasonal  Educational Co-op

**Are you able to perform the essential requirements of the job?** .....  Yes  No

**Have you been convicted of a crime in the last seven (7) years?** .....  Yes  No

**If yes, explain** \_\_\_\_\_

\_\_\_\_\_  
Conviction will not necessarily be a bar to employment. Each instance and explanation will be considered in relation to the position for which you are applying.

Drivers License Number if driving is an essential job function \_\_\_\_\_ State \_\_\_\_\_

## Employment History

Provide the following information for your past four (4) employers, assignments or volunteer activities, starting with the most recent.

<b>1</b>	<b>EMPLOYER</b>	FROM MO. YR.	STARTING SALARY	JOB TITLE	REASON FOR LEAVING (Please Explain)
NAME OF COMPANY			\$	DESCRIBE YOUR JOB DUTIES	
ADDRESS		TO MO. YR.	ENDING SALARY		
CITY, STATE, ZIP			\$		
PHONE NO.		TYPE OF BUSINESS			
EXPLAIN ANY PERIOD BETWEEN JOBS					MAY WE CONTACT EMPLOYER? [ ] YES [ ] NO
<b>2</b>	<b>EMPLOYER</b>	FROM MO. YR.	STARTING SALARY	JOB TITLE	REASON FOR LEAVING (Please Explain)
NAME OF COMPANY			\$	DESCRIBE YOUR JOB DUTIES	
ADDRESS		TO MO. YR.	ENDING SALARY		
CITY, STATE, ZIP			\$		
PHONE NO.		TYPE OF BUSINESS			
EXPLAIN ANY PERIOD BETWEEN JOBS					MAY WE CONTACT EMPLOYER? [ ] YES [ ] NO
<b>3</b>	<b>EMPLOYER</b>	FROM MO. YR.	STARTING SALARY	JOB TITLE	REASON FOR LEAVING (Please Explain)
NAME OF COMPANY			\$	DESCRIBE YOUR JOB DUTIES	
ADDRESS		TO MO. YR.	ENDING SALARY		
CITY, STATE, ZIP			\$		
PHONE NO.		TYPE OF BUSINESS			
EXPLAIN ANY PERIOD BETWEEN JOBS					MAY WE CONTACT EMPLOYER? [ ] YES [ ] NO
<b>4</b>	<b>EMPLOYER</b>	FROM MO. YR.	STARTING SALARY	JOB TITLE	REASON FOR LEAVING (Please Explain)
NAME OF COMPANY			\$	DESCRIBE YOUR JOB DUTIES	
ADDRESS		TO MO. YR.	ENDING SALARY		
CITY, STATE, ZIP			\$		
PHONE NO.		TYPE OF BUSINESS			
EXPLAIN ANY PERIOD BETWEEN JOBS					MAY WE CONTACT EMPLOYER? [ ] YES [ ] NO

## Educational Background

EDUCATION TYPE OF SCHOOL	NAME AND ADDRESS OF SCHOOL	MAJOR SUBJECT	CIRCLE LAST YEAR ATTENDED	GRADUATED	DEGREE
HIGH SCHOOL			9 10 11 12	[ ] YES [ ] NO	
COLLEGE			1 2 3 4	[ ] YES [ ] NO	
GRADUATE SCHOOL			1 2 3 4	[ ] YES [ ] NO	
BUSINESS, TRADE, OTHER			1 2 3 4	[ ] YES [ ] NO	

List any other experience, training, skills, licenses, and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying. Please indicate any prior military service which you would like considered in connection with your application for employment: \_\_\_\_\_

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## References

NAME	TELEPHONE	RELATIONSHIP	YEARS KNOWN

### Please Read Before Signing the Following Affidavit

The information contained in this application is accurate and complete to the best of my knowledge and belief. I understand that if I am employed, any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate discharge from the employer's service, whenever it is discovered.

In connection with my application for employment, I understand and agree that background inquiries may be requested by you or on your behalf that will seek information as to my character, work habits, including oral assessments of my job performance, experiences and abilities, along with reasons for termination of past employment. Furthermore, I understand and agree that you may request information from various federal, state, and other agencies, including public and private sources which maintain records concerning my past activities relating to my driving record, credit history, criminal record, civil matters, previous employment, educational background, and other past experiences. I hereby release from liability the employer and its representatives for seeking, gathering and using such information and all other persons, corporations or organizations for furnishing such information. Finally, I understand and agree that I am not obligated to disclose sealed or expunged records of convictions or arrests, and that you are prevented from asking whether I have had records expunged or sealed.

I understand that the employer does not unlawfully discriminate in employment and no questions on this application are used for the purpose of limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state or federal law. I understand it is this company's policy not to refuse to hire a qualified individual with a disability because of that person's need for a reasonable accommodation as required by the ADA. I also understand that if I am hired, I will be required to provide proof of identity and legal work authorization.

If I am hired, I understand that I am required to abide by all rules and regulations of the Bromley Group of Companies and to comply with all policies and procedures in the employee handbook, any policy or procedure manual, or other communications to employees. I further understand that policies and procedures of the Bromley Group of Companies and all employment terms and conditions are subject to modifications without notice.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specific period or definite duration. I understand that no representative of the employer, other than an authorized officer has the authority to make any assurances to the contrary. I further understand that any such assurances must be in writing and signed by an authorized officer.

I represent and warrant that I have read and fully understand the foregoing and seek employment under these conditions.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

## Employment Reference Release

By signing this release, I am voluntarily requesting and authorizing my former employers to disclose to The Bromley Group of Companies any employment-related information that it, in its sole discretion and judgment, may determine is appropriate to disclose, including any personal comments, evaluations, or assessments that The Bromley Group of Companies may want to know about my performance or behavior as an employee.

I agree to release and discharge my former employers from all claims, liabilities, and causes of action, known or unknown, fixed or contingent, that arise from or that are in any manner connected to the disclosure of employment-related information to The Bromley Group of Companies. This release includes, but is not limited to: (1) the dates of employment, (2) descriptions of the jobs performed, and (3) salary or wage rates, and (4) any claims of defamation, libel, slander, negligence, or employee misconduct.

I acknowledge that I have carefully read and fully understand the provisions of this release. I further acknowledge that I was given the opportunity to consult with an attorney or any other individual of my choosing before signing this release and that I have decided to sign this release voluntarily and without coercion or duress by any person.

This release sets forth the entire agreement between The Bromley Group of Companies and me, and I acknowledge that I have not relied upon any representation or statement, written or oral, not set forth in this release.

Signed: \_\_\_\_\_ Date \_\_\_\_\_  
(By Applicant)

### **APPLICANTS: DO NOT FILL IN THE BLANKS BELOW THIS LINE**

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#### **COMPANY USE ONLY:**

Location: \_\_\_\_\_ Department: \_\_\_\_\_

Employment Date: \_\_\_\_\_ Employment Status (FT, PT, Temp.) \_\_\_\_\_

Job Title: \_\_\_\_\_ Hourly Rate: \_\_\_\_\_

Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ EEOC: \_\_\_\_\_

Emergency Notification: \_\_\_\_\_ Relationship: \_\_\_\_\_

Emergency Phone #: \_\_\_\_\_

Approved By: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Federal W-4

\_\_\_\_\_ Parking Agreement

\_\_\_\_\_ State W-4

\_\_\_\_\_ Handbook Acknowledgement

\_\_\_\_\_ I-9