

Human Resources

Partner Assistance Program Application and Fact Sheet

Instructions

Please complete this information sheet. See Partner Assistance Program Request Form for program eligibility criteria. Please attach resume or Curriculum Vitae (CV) and other relevant materials.

Primary Employee

Employee Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Current Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
NAU Department: \_\_\_\_\_  
Department Head/Dean/Director: \_\_\_\_\_

New Hire  Current Employee Hire Date: \_\_\_\_\_

Secondary Employee

Partner Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Current Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
Current Employment Status: \_\_\_\_\_  
Current Employer: \_\_\_\_\_

In what area(s) are you seeking employment?

Part-time  Full-time

## Human Resources

Describe your education and relevant experience. You may append any extra pages.

Please return to Human Resources Box 4113.