

GEORGETOWN COLLEGE

APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, age, color, sex, disability and national origin.

PLEASE PRINT

POSITION APPLYING FOR: _____

DATE OF APPLICATION: _____

PERSONAL INFORMATION

NAME (First)	(Middle)	(Last)	HOME TELEPHONE NUMBER:
HOME ADDRESS (Street)	(City)	(State)	(Zip)
ARE YOU AUTHORIZED TO WORK IN THE U.S. ON AN UNRESTRICTED BASIS? <input type="checkbox"/> YES <input type="checkbox"/> NO ARE YOU OVER THE AGE 18? <input type="checkbox"/> YES <input type="checkbox"/> NO IF UNDER 18, CAN YOU FURNISH A WORK PERMIT? <input type="checkbox"/> YES <input type="checkbox"/> NO HAVE YOU EVER BEEN CONVICTED OF A FELONY? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, EXPLAIN _____ _____			ALTERNATE TELEPHONE NUMBER: WHO REFERRED YOU TO US? <input type="checkbox"/> AGENCY <input type="checkbox"/> EMPLOYEE <input type="checkbox"/> AD <input type="checkbox"/> INTERNET <input type="checkbox"/> RELATIVE <input type="checkbox"/> WALK IN <input type="checkbox"/> OTHER DATE AVAILABLE FOR WORK: STARTING SALARY DESIRED: _____

EMPLOYMENT DESIRED

HAVE YOU APPLIED FOR EMPLOYMENT HERE BEFORE? YES NO

POSITION APPLIED FOR _____ IF YES, WHEN? _____

HAVE YOU EVER BEEN EMPLOYED HERE? YES NO

DATES _____ DEPARTMENT _____

ARE YOU CURRENTLY EMPLOYED? YES NO

IF YES, MAY WE CONTACT YOUR EMPLOYER? YES NO

ARE YOU WILLING TO TRAVEL IF THE JOB REQUIRES IT? YES NO

ARE YOU AVAILABLE FOR FULL-TIME WORK? YES NO

ARE YOU AVAILABLE FOR PART-TIME WORK? YES NO

ARE YOU CURRENTLY ON LAYOFF OR LEAVE FROM ANOTHER COMPANY AND SUBJECT TO RECALL? YES NO

EDUCATION

EDUCATION	NAME & LOCATION OF SCHOOL	YEAR GRADUATED	MAJOR	DIPLOMA/ DEGREE
HIGH SCHOOL				
COLLEGE/UNIVERSITY				
COLLEGE/UNIVERSITY				

SUMMARIZE other training/education, special job-related skills, computer, qualifications, certifications, license acquired from employment, military or other experience:

EMPLOYMENT HISTORY

PLEASE SUPPLY YOUR EMPLOYMENT HISTORY COVERING THE LAST 10 YEARS, STARTING WITH YOUR PRESENT OR MOST RECENT JOB. INCLUDE MILITARY SERVICE & VOLUNTARY ACTIVITIES. EXCLUDE ORGANIZATIONS WHICH INDICATE RACE, COLOR, GENDER, NATIONAL ORIGIN, DISABILITY OR OTHER LEGALLY PROTECTED STATUS.

EMPLOYER	DATES EMPLOYED		WORK PERFORMED
	FROM	TO	
ADDRESS			
JOB TITLE	HOURLY RATE/SALARY		
	STARTING	FINAL	
SUPERVISOR			
REASON FOR LEAVING:			
EMPLOYER	DATES EMPLOYED		WORK PERFORMED
	FROM	TO	
ADDRESS			
JOB TITLE	HOURLY RATE/SALARY		
	STARTING	FINAL	
SUPERVISOR			
REASON FOR LEAVING:			
EMPLOYER	DATES EMPLOYED		WORK PERFORMED
	FROM	TO	
ADDRESS			
JOB TITLE	HOURLY RATE/SALARY		
	STARTING	FINAL	
SUPERVISOR			
REASON FOR LEAVING:			

IF YOU NEED ADDITIONAL SPACE, PLEASE USE A SEPARATE SHEET

PLEASE READ BEFORE SIGNING

I certify that the information given in this application is true and complete to the best of my knowledge. I understand that any false or incomplete answers or statements made by me in this application or other documents or interviews will be considered sufficient reason for denial of employment or discharge.

I hereby authorize Georgetown College to conduct an investigation of my employment, education and training, which would include verification of the information set forth on this application for employment. I further release from all liability any and all persons or entities who supply such information and Georgetown College in its use of such information.

I further understand and agree that my employment is for no definite period and may, regardless of the date of payment of wages or salary be terminated for any reason and at any time without previous notice by me or the College.

I hereby acknowledge that I have read and understand the above statements.

Signature: _____ Date: _____