

# Augustana College | APPLICATION FOR EMPLOYMENT

Last Name	First	Middle	Date
Street Address			Home Phone
City, State, ZIP			Business Phone
Have you applied for employment with us previously? <input type="checkbox"/> Yes <input type="checkbox"/> No			Social Security Number

Position (s) desired

1. Pay expected \$  Full time

2. Pay expected \$  Part-time

Will you work overtime if necessary?  Yes  No  Temporary

Does Augustana College now employ any of your close friends or relatives?  Yes  No

Name: Relationship:

If now employed, why do you desire to change your position?

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	Are you legally eligible for employment in the United States?
<input type="checkbox"/>	<input type="checkbox"/>	Are there any reasons why you could not carry out any of the work assignments for the position for which you are making application? If yes, explain:
<input type="checkbox"/>	<input type="checkbox"/>	Do you have adequate transportation arrangements for regular work attendance?
<input type="checkbox"/>	<input type="checkbox"/>	Have you ever been suspended, discharged, or allowed to resign in lieu of discharge? If yes, explain:
<input type="checkbox"/>	<input type="checkbox"/>	Have you ever been convicted of a felony? If yes, explain:
<input type="checkbox"/>	<input type="checkbox"/>	Are you required to register as a sex offender in any jurisdiction? If yes, explain:

**Please complete if applying for a Clerical/Technical job:**

Typing: (wpm) (errors) (net) Shorthand or Speedwriting: (wpm)

Office equipment:  Calculator  Copier  Dictation equipment  Fax machine  Laser printer  Other:

Software Proficiency:  Word  Access  Excel  Outlook  Other (list software):

Scores: Mand.\_\_\_\_ Gen.\_\_\_\_ Adv.\_\_\_\_ Avg.\_\_\_\_

List other special skills or qualification for the position for which you are making application:

Circle highest grade completed at each level	Name of school	City / State	Type of Course	Certificate, Diploma, or Degree
Grade School / Junior High School 1 2 3 4 5 6 7 8				
High School 1 2 3 4				
College or University 1 2 3 4 5 6 7				
Other (specify)				

**Start with most recent employer**

Employer	Phone	Dates Employed: From	To
Address		City, State, ZIP	
Duties:		Position:	
Reason for leaving:		Supervisor's Name:	
		May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
		Starting salary/Wages: \$	
		Final salary/Wages: \$	
		<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary	

Employer	Phone	Dates Employed: From	To
Address		City, State, ZIP	
Duties:		Position:	
Reason for leaving:		Supervisor's Name:	
		May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
		Starting salary/Wages: \$	
		Final salary/Wages: \$	
		<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary	

Employer	Phone	Dates Employed: From	To
Address		City, State, ZIP	
Duties:		Position:	
Reason for leaving:		Supervisor's Name:	
		May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
		Starting salary/Wages: \$	
		Final salary/Wages: \$	
		<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary	

List the names of two persons, other than relatives or personal friends, who have knowledge of your work experience and/or education.

Name	Address	Business or School	Years acquainted
1. _____			
2. _____			

The information I have provided on this application is true and complete. I understand that if employed, any untrue statement or misrepresentation of fact on this application will be justification for dismissal without notice any time hereafter.

I understand that if employed, I am required to abide by all rules, regulations, and policies of Augustana College. I understand that an offer of employment is subject to my providing proof of work eligibility, as required by law.

I hereby authorize that a routine investigation may be made concerning my work experience, character, and general reputation.

I hereby consent to the duly authorized representative(s) of Augustana College to contact any of my former employers, any of the educational institutions which I have attended, and any other person or organization I have listed which might have information relevant to my application for employment here. I further consent without further notice to those persons or organizations divulging relevant information to Augustana College notwithstanding that it might otherwise be confidential. I understand that any information obtained by Augustana College in the course of those contacts will be treated in confidence.

I understand that if I am employed, my employment is not for a specific period and may be terminated at will by either myself or Augustana College at any time without notice and with or without cause. I acknowledge that no other representations concerning the term or nature of my employment have been made to, or relied on by me.

I HEREBY ACKNOWLEDGE THAT I HAVE READ THE ABOVE STATEMENT, AND I UNDERSTAND ITS CONTENT AND SIGNIFICANCE.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**NON-DISCRIMINATION POLICY:** Augustana College is an Equal Opportunity Employer. The College continues its policy of non-discrimination on the basis of sex in compliance with Title IX of the Education Amendments of 1972 in all services, activities and programs under its sponsorship. In addition, the College administers all action without regard to race, creed, color, national origin, sexual orientation, age and disability as defined by law. These policies pertain to application and selection for admission as well as for employment and all other College personnel actions.