

# ALMA COLLEGE EMPLOYMENT APPLICATION

## Personal Information

Full Name \_\_\_\_\_ Date: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_ Position applying for: \_\_\_\_\_  
Street

\_\_\_\_\_ Date available to start: \_\_\_\_\_  
City State Zip

Telephone number \_\_\_\_\_

Are you legally eligible for employment in the United States? Yes \_\_\_ No \_\_\_

Have you ever been convicted of a crime? Yes \_\_\_ No \_\_\_ If "yes", please explain:

Are there any felony charges pending against you? Yes \_\_\_ No \_\_\_ If "yes", please explain:

**Previous Employment** (As you complete this section, refer to your current or most recent employer first. If you have other relevant employment experience, please ask for another application form, and continue to provide the information requested).

\_\_\_\_\_  
Company Name Street Address City/State

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Job Title Employment Dates (From/To) Pay (specify per hr/wk)

\_\_\_\_\_  
Describe Your Work duties

\_\_\_\_\_  
Supervisor's Name Reason For Leaving

\_\_\_\_\_  
Company Name Street Address City/State

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Job Title Employment Dates (From/To) Pay (specify per hr/wk).

\_\_\_\_\_  
Describe Your Work duties

\_\_\_\_\_  
Supervisor's Name Reason For Leaving



**References** (All individuals listed must be able to comment on your work ability. Applicants will be asked to sign a separate consent form prior to reference checks).

1. Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Phone \_\_\_\_\_  
Working Relationship \_\_\_\_\_

2. Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Phone \_\_\_\_\_  
Working Relationship \_\_\_\_\_

3. Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Phone \_\_\_\_\_  
Working Relationship \_\_\_\_\_

### **Applicant's Certification**

I certify that all statements in this application are true. I understand that false or misleading information contained in this application, and/or provided verbally will be cause for my application to be rejected, or if discovered after employment, will be cause for immediate discharge.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Printed Name

### **Applicant's Consent to Contact References**

As an applicant for a position with Alma College, I have been requested to furnish information for use in determining my qualifications. To that end, I hereby authorize the release and full disclosure of any information that any of my current and former employers may have concerning my employment with their organization. I authorize any/all of my current and former employers to release such employment information to those employees and agents of Alma College who require such information in order to make a decision with respect to any matter pertaining to my status as an employee. This information may be provided either verbally or in writing.

In addition to authorizing the disclosure and release of any information regarding my employment, I hereby fully waive any rights or claims I have or may have against any previous employer, its agents, employees, and representatives for providing such information, and fully release them from any and all liability, claims, or damages that may directly or indirectly result from the use, disclosure or release of any such employment information, whether such information is favorable or unfavorable to me.

Further, I am hereby authorizing Alma College to communicate with anyone that they may wish to talk with about my experiences, skills and qualifications in the context of the position I am currently seeking at the College. I understand the College may contact individuals beyond my list of references.

I acknowledge that I have read this authorization and release, fully understand it, and voluntarily agree to its provisions. This release will expire one (1) year after the date signed.

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Applicant's Signature

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Date

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Applicant's Printed Name