



ALMA COLLEGE

EMPLOYMENT APPLICATION

Date _____

Position Applied For _____

Personal Information

Full Name _____

Last

First

Middle

Address _____

Street

City

Zip

Telephone number _____ Email Address _____

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

Have you ever been convicted of a felony crime? Yes _____ No _____

If yes, please explain _____

Have you ever been convicted of a misdemeanor crime? Yes _____ No _____

If yes, please explain _____

Are there 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.)

Employer 1

Street Address

City/State

Phone Number

Job Title

Employment Dates

Pay (specify per wk/yrly)

Describe Your Work Duties

Supervisor's Name

Reason for Leaving

Previous Employment (Continued)

Employer 2

Street Address

City/State

Phone Number

Job Title

Employment Dates

Pay (specify per wk/yrly)

Describe Your Work Duties

Supervisor's Name

Reason for Leaving

Employer 3

Street Address

City/State

Phone Number

Job Title

Employment Dates

Pay (specify per wk/yrly)

Describe Your Work Duties

Supervisor's Name

Reason for Leaving

Employer 4

Street Address

City/State

Phone Number

Job Title

Employment Dates

Pay (specify per wk/yrly)

Describe Your Work Duties

Supervisor's Name

Reason for Leaving

Education

School Name _____

Address _____

Years Completed _____

Did you Graduate? _____

Degree/Diploma _____

School Name _____

Address _____

Years Completed _____

Did you Graduate? _____

Degree/Diploma _____

School Name _____

Address _____

Years Completed _____

Did you Graduate? _____

Degree/Diploma _____

Professional licenses, certifications, and/or training relevant to the position desired:

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References (business and professional only)

Name _____

Address _____

Phone _____

Relationship _____

Name _____

Address _____

Phone _____

Relationship _____

Name _____

Address _____

Phone _____

Relationship _____

Applicant's Certification

I certify that all statements in this application are true and correct to the best of my knowledge. 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 (Please type your First and Last Name)

Date

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.

Signature (Please type your name)

Date