

EMPLOYMENT APPLICATION

LAST NAME		FIRST NAME		MIDDLE INITIAL
NUMBER AND STREET				APT. NO.
CITY		STATE		ZIP CODE
ARE YOU LESS THAN 18 <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, GIVE BIRTHDATE	TELEPHONE NUMBER (INCLUDE AREA CODE)	CELL PHONE NUMBER	

EMAIL ADDRESS _____

List name and relationship of relatives working at Augustana College

NAME	RELATIONSHIP	DEPARTMENT	POSITION

Have you ever been convicted of a crime? YES NO IF YES, EXPLAIN:

TYPE OF WORK DESIRED	DATE AVAILABLE FOR EMPLOYMENT	STARTING SALARY EXPECTED	DO YOU PREFER <input type="checkbox"/> PART-TIME <input type="checkbox"/> FULL-TIME <input type="checkbox"/> TEMPORARY <input type="checkbox"/> DAYS <input type="checkbox"/> NIGHTS
REFERRED BY			

EDUCATION List last High School and all Colleges/Graduate Schools

NAME AND ADDRESS	DATES MO./YR	GRADUATE?	DEGREE	COURSE
		<input type="checkbox"/> YES		MAJOR
		<input type="checkbox"/> NO		MINOR
		<input type="checkbox"/> YES		MAJOR
		<input type="checkbox"/> NO		MINOR
		<input type="checkbox"/> YES		MAJOR
		<input type="checkbox"/> NO		MINOR
		<input type="checkbox"/> YES		MAJOR
		<input type="checkbox"/> NO		MINOR

What Foreign Language do you know?	SPEAK	READ	WRITE
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PC/Computers/Word Processing/Software - List

Federal and/or state law prohibit discrimination in hiring and employment on the basis of race, color, national origin, religion, sex or age. No question on this application is intended to secure information to be used for such discrimination.



EMPLOYMENT RECORD

All information including salary will be verified

WERE YOU EVER DISCHARGED OR ASKED TO RESIGN FROM ANY POSITION?

YES NO

IF YES, GIVE DATE AND NATURE OF CIRCUMSTANCES

MAY WE CONTACT YOUR PRESENT EMPLOYER

YES NO

Account for all periods of employment and list periods of unemployment for the last ten years beginning with your present or most recent position.

Present or last employer	DATES (MO. YR.)	CURRENT OR LAST POSITION	SALARY (START/FINAL)
ADDRESS		NAME OF SUPERVISOR	TELEPHONE
DUTIES		REASON FOR LEAVING	
Present or last employer	DATES (MO. YR.)	CURRENT OR LAST POSITION	SALARY (START/FINAL)
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Present or last employer	DATES (MO. YR.)	CURRENT OR LAST POSITION	SALARY (START/FINAL)
ADDRESS		NAME OF SUPERVISOR	TELEPHONE
DUTIES		REASON FOR LEAVING	

Please read the following statements carefully; they constitute the conditions under which you might be employed by Augustana College.

1. I certify that the facts set forth in this application are true and complete. I authorize investigation of the statements I have made herein. I hereby release from any and all liability all representatives of the college for their acts performed in good faith and without malice in connection with evaluating my application, credentials, and qualifications. I hereby further authorize any party having information bearing upon my qualifications for employment to release such information to the College (unless otherwise stated). I also release from any and all liability all individuals and organizations who provide information to the College in good faith and without malice concerning my employment competence, ethics, character, criminal history/driving record, and other qualifications, including other privileged or confidential information. I understand that any false statement on this application shall be sufficient cause for denial of employment or summary dismissal.

2. We are subject to Section 503 of the Rehabilitation Act of 1973 and Section 402 of the Vietnam Era Veterans Readjustment Assistance Act of 1974. These acts require government contractors to take affirmative action to employ and advance in employment, qualified handicapped individuals, disabled veterans, and veterans of the Vietnam era. If you qualify to be covered by these programs and would like to be considered under our affirmative action programs, please tell us. This information is voluntary and refusal to provide it will not negatively affect your opportunity for employment. Information obtained concerning individuals shall be kept confidential, except that (i) supervisors and managers may be informed regarding restrictions on the work or duties of disabled employees and regarding necessary accommodations, and (ii) first aid personnel may be informed, when and to the extent appropriate, if they think the condition might require emergency treatment.

3. I understand that the unlawful, manufacture, distribution, dispensing, possession or use of a controlled substance/alcohol is prohibited at Augustana College. Violation of this policy may result in my release without notice.

4. As a condition of employment, I agree to notify the Director of Human Resources of any criminal drug statute conviction for a violation occurring in the work place no later than five days after such a conviction.

Signature of Applicant

Date