

Application for Employment
(An Equal Opportunity Employer)

Note: Please fill out each question completely

PERSONAL INFORMATION

Name (First Middle Last): _____

Address (Street City State Zip): _____

Email: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Are you 18 years or older: Yes No May we contact you at work? Yes No

Are you legally permitted to be employed in the U.S.? Yes No

EMPLOYMENT DESIRED

Title of position(s) desired: _____

Full-time Part-time Temporary/Seasonal Date available: _____

Have you previously applied for employment with us? Yes No If yes, when? _____


Have you ever been employed by William Jewell College? Yes No

If yes, Department: _____ Dates: _____

Are you related to someone employed by William Jewell College: Yes No

If yes, name and relationship: _____

EDUCATION

Name of Institution	State	Major	Did you graduate?	Type of Degree	Undergrad Hours Earned	Graduate Hours Earned
High School			<input type="checkbox"/> Yes <input type="checkbox"/> No			
College/University			<input type="checkbox"/> Yes <input type="checkbox"/> No			
			<input type="checkbox"/> Yes <input type="checkbox"/> No			
			<input type="checkbox"/> Yes <input type="checkbox"/> No			
			<input type="checkbox"/> Yes <input type="checkbox"/> No			
				Total Hours 		

GENERAL

Are you able to perform the essential functions of the position for which you are applying? Yes No

If no, are there reasonable accommodations that can be made to allow you to perform the essential functions of the job?
 Yes No

How did you hear about this position? _____

SKILLS AND CERTIFICATIONS (Relevant to the position)

EMPLOYMENT HISTORY (Start with most current job, descending in order. All sections must be completed.)

Company Name		Position	From	To
Address		Main Duties <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time 1)		
City/State/Zip		2)		
Supervisor	Phone		Reason for leaving	
Company Name		Position	From	To
Address		Main Duties <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time 1)		
City/State/Zip		2)		
Supervisor	Phone		Reason for leaving	
Company Name		Position	From	To
Address		Main Duties <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time 1)		
City/State/Zip		2)		
Supervisor	Phone		Reason for leaving	

REFERENCES (Three references must be submitted for application to be considered.)

Name	Occupation	Company Name, if applicable		
Address	City	State	Zip	Phone
Name	Occupation	Company Name, if applicable		
Address	City	State	Zip	Phone
Name	Occupation	Company Name, if applicable		
Address	City	State	Zip	Phone

AUTHORIZATION FOR RELEASE OF INFORMATION (Unsigned application will not be considered.)

I hereby certify that all statements made on this application and attachments are true and correct to the best of my knowledge. I authorize William Jewell College to investigate all statements made by me on this application or attachments, including but not limited to, confirmation of military service, education, previous employment and references.

I agree and authorize that William Jewell College and/or its agents may investigate my background and employment history to ascertain any and all information that the College deems appropriate. I release all claims against the College for requesting and/or securing such information. I further release all claims against the persons, corporations or other organizations that furnish such information. I authorize the release of employment data, including information in this application or contained in my personnel file for consideration of this or any other position with William Jewell College.

William Jewell College is an equal opportunity employer and does not discriminate on the basis of race, color, gender, sexual orientation, national origin, disability, age, religion, or veteran status.

William Jewell College is an at-will employer. This means, if hired, your employment is for an indefinite period of time and is subject to termination by you or William Jewell College, with or without cause, with or without notice, and at any time.

If accommodation(s) for a disability will be necessary in order for me to complete the application process for the position for which I am applying, I will make such accommodation request in advance to the Director of Human Resources.

If I am employed, I agree to comply with all policies, regulations and rules of William Jewell College and applicable local, state and federal law as currently existing or as may be modified in the future as they apply to my employment.

I certify that the information in this application is true and complete. I understand and agree that any false or misleading information or any omission of information will subject me to termination of employment or rejection for employment.

Signature: _____ **Date:** _____

By typing your name above, it is serving as your electronic signature