

# CLAREMONT MCKENNA COLLEGE



## APPLICATION FOR EMPLOYMENT

Date: \_\_\_\_\_

**Please print clearly in ink and complete all information requested.**

Name:

Last

First

Middle

Street Address:

City

State

Zip

Previous Address: (Complete only if at current address less than 2 years)

City

State

Zip

Home Phone #: ( )

Message Phone #: ( )

Preferred Contact #: ( )

### POSITION DESIRED

(A separate application must be provided for each position in which you are interested.)

Position Applying For: \_\_\_\_\_ Posting Number: \_\_\_\_\_

Minimum Rate of Pay: \_\_\_\_\_ Date Available: \_\_\_\_\_

Type of Work Desired:

Full Time

Part Time

Either

### PERSONAL INFORMATION

If hired, can you present evidence of your U.S. citizenship or proof of your legal right to live and work in the United States?

Yes

No

Are you at least 18 years of age or older? If "no," a work permit may be required.

Yes

No

For reference purposes, have you worked or attended school under a former name?

If yes, please list former name(s):

Yes

No

Have you ever worked for The Claremont Colleges? If yes, which college?

Yes

No

Are any relatives or members of your household currently employed at this institution?

If yes, give full name and position.

Yes

No

Are you able to perform the essential functions of the position applied for, either with or without reasonable accommodation?

Yes

No

Have you ever been convicted of a criminal offense (other than convictions relating to marijuana that are more than two years old), and/or arrested for a crime for which trial is now pending.

If yes, please explain:

Yes

No

*(Note: A conviction is not an automatic bar to employment. The nature of the offense, date of offense, the surrounding circumstances and relevance of the offense to the position applied for will be considered.)*

Have you ever been discharged from any employment, asked to resign or advised that if you did not resign, your employment would be terminated? If yes, please explain.

Yes

No

**EDUCATION AND TRAINING**

| Type of School                        | Name and Location | No. of Years Completed | Did You Graduate?  | Major & Degree |
|---------------------------------------|-------------------|------------------------|--|----------------|
| High School/<br>GED/CHSPE             |                   |                        | <input type="checkbox"/> Yes <input type="checkbox"/> No |                |
| Business/Trade or<br>Technical School |                   |                        | <input type="checkbox"/> Yes <input type="checkbox"/> No |                |
| College(s) or<br>University(ies)      |                   |                        | <input type="checkbox"/> Yes <input type="checkbox"/> No |                |

Are you attending school now?  Yes  No

Name/Course of Study:

**SPECIAL SKILLS**

Licenses/Certificates:

Answer only if position applied for requires a driver's license.

Do you have a valid driver's license issued by the  
State of California?  Yes  No

Keyboarding WPM:

Computer Programs:

Special Equipment:

List Foreign Language(s) (optional):

Speak \_\_\_\_\_  Read \_\_\_\_\_  Write \_\_\_\_\_  Interpret and/or translate \_\_\_\_\_  
 \_\_\_\_\_

Do you have any other experience, training, qualifications or skills, which you feel, make you especially suited for the position applied for?

Yes  No If yes, please explain.

## EMPLOYMENT HISTORY

For the last 10 years, starting with most recent, list each job held and account for all periods of unemployment. Attach additional sheets if necessary. You must complete this section even if attaching a résumé.

**EMPLOYER:** \_\_\_\_\_ May we contact this employer:  Yes  No

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Date Started: \_\_\_\_\_ Date Left: \_\_\_\_\_ Starting Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_

Title or Position: \_\_\_\_\_

Duties and Responsibilities: \_\_\_\_\_  
\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_  
\_\_\_\_\_

Account for periods of unemployment between jobs: \_\_\_\_\_

**EMPLOYER:** \_\_\_\_\_ May we contact this employer:  Yes  No

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Date Started: \_\_\_\_\_ Date Left: \_\_\_\_\_ Starting Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_

Title or Position: \_\_\_\_\_

Duties and Responsibilities: \_\_\_\_\_  
\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_  
\_\_\_\_\_

Account for periods of unemployment between jobs: \_\_\_\_\_

**EMPLOYER:** \_\_\_\_\_ May we contact this employer:  Yes  No

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Date Started: \_\_\_\_\_ Date Left: \_\_\_\_\_ Starting Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_

Title or Position: \_\_\_\_\_

Duties and Responsibilities: \_\_\_\_\_  
\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_  
\_\_\_\_\_

Account for periods of unemployment between jobs: \_\_\_\_\_

## EMPLOYMENT HISTORY

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Title or Position: \_\_\_\_\_

Duties and Responsibilities: \_\_\_\_\_  
\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_  
\_\_\_\_\_

Account for periods of unemployment between jobs: \_\_\_\_\_

**EMPLOYER:** \_\_\_\_\_ May we contact this employer:  Yes  No

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

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Date Started: \_\_\_\_\_ Date Left: \_\_\_\_\_ Starting Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_

Title or Position: \_\_\_\_\_

Duties and Responsibilities: \_\_\_\_\_  
\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_  
\_\_\_\_\_

Account for periods of unemployment between jobs: \_\_\_\_\_

## CERTIFICATION

**Important, please read carefully and sign.**

I hereby certify that the information on this application and all other information otherwise provided are true and correct. I understand that any misrepresentations or omissions will be sufficient cause for cancellation of this application or immediate termination of employment if I am employed, whenever it may be discovered.

If I am employed, I acknowledge that there is no specified length of employment and that this application does not constitute an agreement or contract for employment. Accordingly, either I or the institution can terminate the relationship at will, with or without cause, at any time. I further acknowledge that the only manner in which the "at will" nature of the employment relationship can be altered is by means of a specific written agreement signed by me and the institution's President or Chief Executive Officer.

I represent and warrant that I have read and fully understand the foregoing, and that I seek employment under these conditions.

Applicant's Signature \_\_\_\_\_ Date: \_\_\_\_\_