

Adrian College



Application for Employment

Adrian College considers all applicants for employment without regard to race, color, religion, ancestry, national origin, sex, gender, age, disability, marital or veteran status, height, weight, genetic information, sexual orientation, or any other legally protected status.

If you have a disability requiring some form of accommodation in order to complete this application process or any pre-employment tests that may be given, you may voluntarily notify the interviewer of your need for such accommodation.

Applicant Information

Position Applied for: _____ Date: _____

First Name: _____ Last Name: _____ Middle Initial: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: () _____ Email: _____

Are you 18 years of age or older? Yes No

Do you have legal and permanent authorization to work in the United States? Yes No

Have you ever been employed by Adrian College? Yes No

If yes, please indicate dates of employment and department(s): _____

Criminal History

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

Please note that answering "yes" will not automatically disqualify you from a particular job. The type, seriousness, frequency of violations, age at time of conviction, date of conviction, and your entire work and educational history will be considered.

Are there felony charges pending against you? Yes No

If you answer yes to either of these questions, please describe the nature of the crime(s) or charge(s), the date and place of the offense, and the legal disposition of the case. _____

Education

High School: _____ City: _____ State: _____

Did you graduate? Yes No

College: _____ City: _____ State: _____

Did you graduate? Yes No Degree: _____

Other: _____ City: _____ State: _____

Did you graduate? Yes No Degree: _____

Employment History

Please list your employment history for the past 10 years, beginning with the most recent first. Attach additional sheets if necessary.

Employer: _____ City: _____ State: _____
Job Title: _____ Dates Employed: _____ to _____
Reason for leaving: _____
Supervisor Name/Title: _____ Phone: (____) _____

Employer: _____ City: _____ State: _____
Job Title: _____ Dates Employed: _____ to _____
Reason for leaving: _____
Supervisor Name/Title: _____ Phone: (____) _____

Employer: _____ City: _____ State: _____
Job Title: _____ Dates Employed: _____ to _____
Reason for leaving: _____
Supervisor Name/Title: _____ Phone: (____) _____

Employer: _____ City: _____ State: _____
Job Title: _____ Dates Employed: _____ to _____
Reason for leaving: _____
Supervisor Name/Title: _____ Phone: (____) _____

Have you ever been discharged by an employer or asked to resign? Yes No

If so, give the name of the employer, address, and circumstances: _____

Skills and Experience

Please list any additional skills, knowledge, or experience you would like considered in assessing your qualifications for the positions for which you will be applying (e.g., software skills, licenses, certifications)

How did you hear about employment opportunities at Adrian College?

Adrian College Web Site Web Site (Name): _____
 Personal Referral (Name): _____ Other (Please Specify): _____
 Newspaper/Publication (Name): _____

Agreement

Verification of Information: I certify that the information provided on this application and all supporting materials is complete, accurate and truthful. I understand that any omissions, misrepresentations or false information included with these materials or provided in the interview process can lead to the withdrawal of an offer of employment or termination of employment.

I understand that Adrian College may investigate the information I have submitted and I authorize any person, company, school or organization to supply information about me concerning my employment, academic records, criminal convictions, or other information to Adrian College. I understand that this may include information about my work performance, character, general reputation, and personal characteristics. I hereby release any such person, company, school or organization and Adrian College from liability for any damages that may result from providing this information.

I agree to permit Adrian College to conduct any background investigation procedures, including criminal background and credit checks, it deems appropriate. If a criminal background or credit check is required, I understand that I will be provided with additional notice and information about that process and my rights, and will be asked to sign an authorization form authorizing such a check.

Terms of Employment: I understand that any employment I may obtain with the College does not entail a promise for continuous employment. I understand that no one is authorized by the College to make oral promises to me regarding the length of my employment at the College. Any employment that I may obtain at the College may be terminated at any time, except as may be provided in writing and authorized by the College Board of Trustees or the President of the College.

I understand that nothing contained in this employment application or in the granting of an interview is intended to create an employment contract between Adrian College and myself for either employment or for the providing of any benefit. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon Adrian College unless made in writing and signed by the President of the College or the College Board of Trustees. If an employment relationship is established, I understand that I am employed at will and that both I and the College have the right to terminate my employment at any time, for any reason or no reason at all, with or without notice, unless I am covered by a collective bargaining agreement that may provide otherwise.

I understand that if I have a protected disability that affects my ability to perform any job that I seek, I may ask Adrian College to attempt to make a reasonable accommodation so that I can perform the job. I understand that I must make my request in writing to the senior Human Resources official as soon as possible, and under the Michigan Persons With Disabilities Civil Rights Act, such notice must be given no later than 182 days after the date I know or reasonably should know that accommodation is needed.

By signing below, I certify that I have read and agree to these terms.

Applicant's Name (Print): _____

Applicant's Signature: _____ Date: _____