



PLEASE PRINT

APPLICATION FOR EMPLOYMENT

Equal access to programs, services and employment is available to all persons. Those applicants requiring accommodation to the application and/or interview process should notify a representative of the Human Resources Department at jnalls@ccsj.edu

Date of Application ____ / ____ / ____ **Position(s) Applied For** _____

Referral Source (mark one)

Advertisement _____ Employee _____ Relative _____ Government Employment Agency _____
Walk-In _____ Private Employment Agency _____ College Website _____ Other _____

Name of Source: (if applicable) _____

Personal Information

Name: _____
Last First Middle

Address: _____
Street City State Zip Code

Telephone #: (____) _____ (____) _____ Email Address: _____
Area Code / Phone Number Area Code / Cell Phone Number

If necessary, best time to call you at home is between: ____ / ____ Day or Evening? May we contact you at work? ____ Yes / No

If yes, work number and best time to contact you: (____) _____, ext: ____ / Morning / Afternoon / Evening _____

If under 18 can you furnish a work permit? ____ Yes/No If No, Please Explain _____

Have you submitted an application before? ____ Yes/No If Yes, give date(s): _____

Are you legally eligible to work in this country? ____ Yes/No Date Available for Employment: ____ / ____ / ____

Type of Employment desired: Full-Time _____ Part-Time _____ Temporary _____

Will you travel if job requires it? ____ Yes/No Will you work over-time if required? ____ Yes/No
If No, please explain: _____

Are you able to meet the attendance requirements of the position? ____ Yes/No Have you ever been bonded? ____ Yes/No

Have you been convicted of a crime in the last seven years? ____ Yes/No
If yes, please describe: _____

Convictions will **NOT** necessarily bar you from employment, each instance and explanation will be considered in relation to the position in which you are applying.

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Employment History

Provide the following information for your past and current employers, assignments or volunteer activities starting with the most recent first. Use additional sheets if necessary. ****Explain any gaps in employment in comments section below.**

Employer	Job Title	Dates Employed	From / To
Address	City / State	Telephone	
Supervisor Name / Title / Phone Number	Starting Salary	Ending Salary	
Reason for Leaving			May we contact for a Reference? Yes/No

Summarize Job Description

Continued

Employer	Job Title	Dates Employed	From / To
Address	City / State	Telephone	
Supervisor Name / Title / Phone Number	Starting Salary	Ending Salary	
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Summarize Job Description

Continued

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Address	City / State	Telephone	
Supervisor Name / Title / Phone Number	Starting Salary	Ending Salary	
Reason for Leaving			May we contact for a Reference? Yes/No

Summarize Job Description

Continued

****Comments** – Including Explanation of any gaps in Employment

Skills and Qualifications – Summarize any special training, computer skills, licenses, and/or certificates that may qualify you as being able to perform job related functions for the position for which you are applying.

Education

A. List last three (3) schools attended, starting with most recent. B. List number of years completed. C. Indicate degree or diploma earned if any and the year awarded. D. Grade Point Average or class rank. E. Major field of study. F. Minor field of study (if applicable)

A. School	B. Years Completed	C. Degree/Diploma & Year Awarded	D. GPA/Class Rank	E. Major	F. Minor

References

List name and telephone number of three (3) business/work references who are not related to you and are not previous supervisors. If not applicable, list three (3) school or personal references who are not related to you.

Name & Company	Business/ Work, School or Personal?	Telephone	Years Known

Additional Information

List professional, trade, business or civic associations and any offices held. (Exclude membership which would reveal sex, race, religion, national origin, age, color, disability, or any other similarly protected status).

Organization	Offices Held

List special accomplishments, publications, awards, etc. (Exclude membership which would reveal sex, race, religion, national origin, age, color, disability, or any other similarly protected status).

List any additional information you would like us to consider.



Affidavit, Consent, and Release – Please Read Carefully Before Signing This Application

I understand that if I am employed, any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate discharge from the employer's services, whenever it is discovered.

I give the employer the right to contact and obtain information from all references, employers, educational institutions and to otherwise verify the accuracy of the information contained in this application. I hereby release from liability the employer and its representatives for seeking, gathering and using such information and all other persons, corporations or organizations for furnishing such information.

The employer does not unlawfully discriminate in employment and no questions on this application is used for the purpose of limiting or excusing applicant from consideration for employment on a basis prohibited by local, state or federal law.

This application is current for only 60 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause or without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no representative of the employer, other than an authorized officer, has the authority to make any assurances to the contrary. I further understand that any such assurances must be in writing and signed by an authorized officer.

I understand that this company's policy not to refuse to hire a qualified individual with a disability because of that person's need for reasonable accommodations as required by the ADA.

I also understand that if I am hired, I will be required to provide proof of identity and legal work authorization.

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

Signature of Applicant _____ Date ____/____/____



NOTIFICATION AND RELEASE
Calumet College of St. Joseph - HR

Account Manager: Mario Rodriguez

CAC Code: CG48

The information contained in this application with Calumet College of St. Joseph (hereinafter, "The College") is true to the best of my knowledge and belief. I understand that any misrepresentation or false statement made by me in connection with the application or any related documents which is deemed material by the College shall result in The College rejecting my application. I understand and agree that all information furnished in my application and all attachments may be verified by the College or its authorized representative. I hereby authorize all individuals and Agencies named or referred to in my application and any law enforcement Agency to give the College all information relative to such verification and hereby release such individuals, Agencies, and the College from any and all liability for any claim or damage resulting there from. I hereby acknowledge that I have been informed by the College that the College may seek to obtain a consumer report and/or investigative report that will include personal information regarding me, including but not limited to: work references, criminal convictions or arrest records if allowed, in order to assist The College in making hiring decisions. I further acknowledge notification by The College that reports may be provided to The College by other firms subcontracted for that purpose. I, my heirs, assigns and legal representatives, hereby release and fully discharge the College, its parent and affiliated companies and the respective officers, directors, shareholders, employees, agents of each, including subcontractors, from any and all claims, monetary or otherwise, that I may have against the College, its parent, affiliates or subcontractors, arising out of the making, or use of, either a consumer report and/or investigative report, including any errors or omissions contained or omitted from such reports or investigations. The College agrees to inform you if a hiring decision has been influenced by information contained in a consumer report, made at our request by Castle Branch Inc. You may obtain a free copy of the report within sixty days by calling Castle Branch Inc. collect @ 1-910-815-3880 or toll free @ 1-888-723-4263. College will make available to you "A Summary of Your Rights Under The Fair Credit Reporting Act."

PLEASE PRINT OR TYPE

List all names you have used in the past 7 years including married, maiden, and aliases.

Name (First, Middle, Last) _____ Date of Birth (mo/day/yr) _____ - _____ - _____

Maiden Name or "AKA" _____ Dates Used (yr) from _____ to _____

Social Security # _____ - _____ - _____ Driver's License # _____ State _____

Current and previous address(es). PROVIDE ALL ADDRESSES FOR PREVIOUS 7 YEARS. (Use extra page if necessary).

Street _____ From _____ to _____

City, State, Zip,County _____

Street _____ From _____ to _____

City, State, Zip,County _____

Signature (REQUIRED) _____ Date _____ / _____ / _____

FOR EMPLOYER USE ONLY: Please place a check next to the searches to be conducted.
Contact: Jackie Nalls Email: jnalls@ccsj.edu Phone: 219-473-4328 Fax: 219-473-4289

<p>Packages</p> <p><input type="checkbox"/> Package I Education Verification County Criminal Search</p> <p><input type="checkbox"/> Package II Credit Report County Criminal Search</p>	<p>A La Carte Items</p> <p><input type="checkbox"/> Education Verification <input type="checkbox"/> Credit Report <input type="checkbox"/> Nationwide Sexual Offender Index <input type="checkbox"/> Motor Vehicle Records (State _____) <input type="checkbox"/> Employment Verification <input type="checkbox"/> Professional License Verification</p>
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FAX: 910-815-3881

*If verifications are ordered, additional information must accompany this release.

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Voluntary Self Identification Form

The Equal Employment Opportunity Commission (EEOC) requires organizations with 100 or more employees to complete an EEO-1 report each year. The EEOC has recently announced several changes to the job categories and rearranged its race and ethnicity groupings. Therefore, we are asking candidates to complete a voluntary self-identification form. Completion of this data is voluntary and will not affect your opportunity for employment or terms or conditions of employment. This form will be used for EEO-1 reporting purposes only and will be kept separate from all other personnel records only accessed by Human Resources Department.

GENDER:

(Please check one of the options below)

Male

Female

RACE/ETHNICITY:

Please check one of the descriptions below corresponding to the ethnic group with which you identify.

Hispanic or Latino A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

White (Not Hispanic or Latino) A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

Black or African American (Not Hispanic or Latino) A person having origins in any of the black racial groups of Africa.

Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino) A person having origins in any of the peoples of Hawaii, Guam, Samoa or other Pacific Islands.

Asian (Not Hispanic or Latino) A person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.

American Indian or Alaska Native (Not Hispanic or Latino) A person having origins in any of the original peoples of North and South America (including Central America) and who maintain tribal affiliation or community attachment.

Two or More Races (Not Hispanic or Latino) All persons who identify with more than one of the above five races.

Date completed: _____

Thank you for your participation.