



## APPLICATION FOR EMPLOYMENT

Please print or type all information except signature.

**Non-Discrimination Policy:** Eureka College is committed to the principle of equal opportunity in education and employment. The College does not discriminate on the basis of sex, race, color, creed, national origin, age, religion, sexual orientation, gender identity, gender expression, veteran status, disability, or any other basis protected by state, federal or local law in admission to, access to, treatment in, or employment in its programs and activities.

### GENERAL INFORMATION

Today's Date \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Street City State Zip

Home Telephone (\_\_\_\_\_) \_\_\_\_\_

E-mail address \_\_\_\_\_

Cell Phone (\_\_\_\_\_) \_\_\_\_\_

Position Applied For \_\_\_\_\_

Salary Desired \_\_\_\_\_ Date Available \_\_\_\_\_

How were you referred to Eureka College?  Newspaper  Friend  Relative  Internet website

Professional Journal  Walk-in  Other \_\_\_\_\_

Do you have any relatives currently employed at Eureka College?  Yes  No

Name(s) of employees: \_\_\_\_\_

If under 18, can you provide a work permit?  Yes  No

Can you perform the functions of this position with or without reasonable accommodation?  Yes  No

(Position description can be found on Eureka College website at [www.Eureka.edu/employment](http://www.Eureka.edu/employment))

Have you ever filed a Eureka College application before?  Yes  No If yes, give date \_\_\_\_\_

Have you ever been employed at Eureka College before?  Yes  No If yes, give date \_\_\_\_\_

Are you currently employed?  Yes  No If yes, may we contact your current employer?  Yes  No

If hired can you provide documents required to establish your eligibility to work in the U.S.?  Yes  No

(The Federal Government requires these be provided within 3 days of hire date.)

Employment desired:  Full-Time  Part-Time  Temporary

Days Of The Week Available:  M  T  W  Th  F  S  Su

Hours Available: \_\_\_\_\_

### EDUCATION

Your name, if different while attending school: \_\_\_\_\_

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (City/State)	NUMBER OF YEARS COMPLETED	COURSE OF STUDY AND DEGREE
High School				
College				
Graduate School				
Business or Trade School				
Other Schooling or Training				

### LICENSURE, REGISTRATION, CERTIFICATION (EXAMPLES: TEACHER CERT., RN, CPA, ETC.):

LICENSE, REGISTRATION, OR CERTIFICATION	NUMBER	DATE RECEIVED	EXPIRATION DATE

### MILITARY EXPERIENCE

Dates of Enlistment: \_\_\_\_\_ to \_\_\_\_\_ Branch: \_\_\_\_\_

Rank at Discharge: \_\_\_\_\_

Skills Acquired: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### OTHER SKILLS, ABILITIES, LANGUAGES, ETC.:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**WORK EXPERIENCE**

Your name, if different while working at one of these organizations: \_\_\_\_\_

Please list your work experience beginning with your **most recent** job. If you were self-employed, give firm name. Attach additional sheets if necessary. Exclude organization names which indicate race, color, creed, national origin, age, religion, sexual orientation, gender identity, gender expression, veteran status, disability or any other basis protected by state, federal or local law.

<b>Most Recent Employer</b>	Dates Employed From: To:	Duties Performed (If resume or CV provided you may leave blank.)
Complete Address	Supervisor Name	
Starting Hourly or Annual Salary Rate:	Ending Starting Hourly or Annual Salary Rate:	
Job Title	Reason for Leaving	

<b>Employer</b>	Dates Employed From: To:	Duties Performed (If resume or CV provided you may leave blank.)
Complete Address	Supervisor Name	
Starting Hourly or Annual Salary Rate:	Ending Starting Hourly or Annual Salary Rate:	
Job Title	Reason for Leaving	

<b>Employer</b>	Dates Employed From: To:	Duties Performed (If resume or CV provided you may leave blank.)
Complete Address	Supervisor	
Starting Hourly or Annual Salary Rate:	Ending Starting Hourly or Annual Salary Rate:	
Job Title	Reason for Leaving	

<b>Employer</b>	Dates Employed From: To:	Duties Performed(If resume or CV provided you may leave blank.)
Complete Address	Supervisor Name	
Starting Hourly or Annual Salary Rate:	Ending Hourly or Annual Salary Rate:	
Job Title	Reason for Leaving	

Professional or Work References (please do not include relatives)

Name \_\_\_\_\_ Occupation \_\_\_\_\_ Years Known \_\_\_\_\_

Contact Information \_\_\_\_\_

Name \_\_\_\_\_ Occupation \_\_\_\_\_ Years Known \_\_\_\_\_

Contact Information \_\_\_\_\_

Name \_\_\_\_\_ Occupation \_\_\_\_\_ Years Known \_\_\_\_\_

Contact Information \_\_\_\_\_

**Please read carefully and sign where indicated.**

The information contained in this application is true and complete to best of my knowledge and belief. I understand that any false, inaccurate, or significant omission of, information given in this application or during the interview process may be sufficient reason not to hire me or cause for dismissal.

I understand that my signature below constitutes my release and authorization for a representative of Eureka College to perform an investigation whereby information is obtained regarding my character, previous employment, general reputation, educational background, licensing or certification, credit record and/or criminal history, subject to applicable federal, state and local laws and hereby release any individual, organization and Eureka College from any liability for any claim or damage resulting from this investigation.

It is my understanding that this employment application, or the granting of an oral interview, does not represent a contract of employment or a promise of future benefits by Eureka College. I understand and agree that, if hired, my employment will be at-will in nature and may be terminated, with or without cause, at any time, by either myself or my employer. I also understand that a written employment agreement supersedes any and all oral representations made by agents or representatives of this organization.

I understand that, if hired, my employment will be subject to all guidelines, rules and policies of Eureka College and that those policies and procedures are subject to modification by Eureka College at any time.

I certify that I have read and understand the above statement.

**PLEASE SIGN HERE:** \_\_\_\_\_ **Date** \_\_\_\_\_