



H A V E R F O R D

H A V E R F O R D C O L L E G E

APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, national origin, religion, sex, age, handicap, veteran status or any other legally protected status.

Date _____

PERSONAL INFORMATION

Last	First	Middle	Date
Street Address			Home Phone () -
City, State, Zip			
Have you ever applied for employment with us? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes: Month and Year _____ Location _____			Social Security No.
Position Desired			Pay Expected

Are you currently employed? _____ Date you can start _____

Are you available for full-time work? _____

Are you legally eligible for employment in the United States? _____

Have you been convicted of a felony within the last 7 years? _____

If yes, please explain _____

REFERRAL SOURCE:

- Advertisement Friend Relative Walk-In
 Employment Agency Other _____

EDUCATION:

SCHOOL	NAME AND LOCATION OF SCHOOL	COURSE OF STUDY	NO. OF YEARS COMPLETED	DID YOU GRADUATE?	DEGREE OR DIPLOMA
College				<input type="checkbox"/> Yes <input type="checkbox"/> No	
High				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Elementary				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other				<input type="checkbox"/> Yes <input type="checkbox"/> No	

AN EQUAL OPPORTUNITY EMPLOYER

Veteran of the U.S. Military Service? Yes No If Yes, Branch _____

SPECIAL SKILLS AND QUALIFICATIONS

Summarize special skills and qualifications, including languages you speak, read and/or write, acquired from employment or other experience:

List professional, trade, business or civic activities held.
(You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, or handicap or other protected status):

Give name, address and telephone number of three references who are not related to you and are not previous employers:

Special Employment Notice to Disabled Veterans, Vietnam Era Veterans, and Individuals With Physical or Mental Handicaps:

Government contractors are subject to 38 USC 2012 of the Vietnam Era Veterans Readjustment Act of 1974 which requires that they take affirmative action to employ and advance in employment qualified disabled veterans of the Vietnam Era, and Section 503 of the Rehabilitation Act of 1973, as amended, which requires government contractors to take affirmative action to employ and advance in employment qualified handicapped individuals.

If you are a disabled veteran, or have a physical or mental handicap you are invited to volunteer this information which will be treated as confidential. Failure to provide this information will not jeopardize or adversely affect your consideration for employment.

If you wish to be identified, please sign below.

- Handicapped Individual Disabled Veteran Vietnam Era Veteran

Signed _____

EMPLOYMENT

Please give accurate, complete full-time and part-time employment record.
Start with present or most recent employer.

1	Employer	Telephone () -
	Address	Employed (State Month and Year) From To
	Name of Supervisor	Weekly Pay Start To
	State Job Title and Describe Your Work	Reason for Leaving
2	Employer	Telephone () -
	Address	Employed (State Month and Year) From To
	Name of Supervisor	Weekly Pay Start To
	State Job Title and Describe Your Work	Reason for Leaving
3	Employer	Telephone () -
	Address	Employed (State Month and Year) From To
	Name of Supervisor	Weekly Pay Start To
	State Job Title and Describe Your Work	Reason for Leaving
4	Employer	Telephone () -
	Address	Employed (State Month and Year) From To
	Name of Supervisor	Weekly Pay Start To
	State Job Title and Describe Your Work	Reason for Leaving
5	Employer	Telephone () -
	Address	Employed (State Month and Year) From To
	Name of Supervisor	Weekly Pay Start To
	State Job Title and Describe Your Work	Reason for Leaving

We may contact the employers listed above unless you indicate those you do not want us to contact.	DO NOT CONTACT
	Employer Number(s) _____ Reason _____

IN CASE OF EMERGENCY NOTIFY

Name _____ Phone _____

Address _____

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

The applicant understands that neither this document nor any offer of employment from the employer constitute an employment contract unless a specific document to that effect is executed by the employer and employee in writing.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

Personnel Office
Haverford College
370 Lancaster Avenue
Haverford, PA 19041-1392

INTERVIEW RESULTS

INTERVIEWER NAME AND COMMENTS