



Employment Application

Please print in ink or type

Name _____
Last First Middle

Address _____
Street City State Zip

Phone _____ **Email** _____

Are you legally eligible for employment in the USA? **Yes** ___ **No** ___
(If yes, verification will be required upon employment per INS requirements.)

EMPLOYMENT DESIRED

Position Applied: _____ Date Available: _____ Desired Pay: \$ _____

Type of Work Desired: ___ Full-time ___ Part-time ___ Nights ___ Weekends ___ Summer

Have you ever worked for the College before? **Yes** ___ **No** ___ If so, when? _____

EDUCATION

High School or GED: Yes <input type="checkbox"/> No <input type="checkbox"/>				
Name of Institution & Location <small>Post-High School</small>	Degree Earned	Major or Area of Study	Graduated? <small>Yes/no</small>	Year

ADDITIONAL DATA

List any skills or qualifications which relate to the position applied for. (Ex. professional certifications or licensure, computer software, operating systems, etc.)

Have you been found guilty of any criminal offense other than minor traffic violations? **Yes** ___ **No** ___

If Yes, please explain. Note: A conviction will not necessarily bar you from employment at the College. Each conviction is judged on its own merits with respect to length of time it has been, specific circumstances, seriousness and job related.



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EMPLOYMENT HISTORY (Start with present or most recent employment, and attach an additional sheet if needed.)

Name, Address and Phone No. of Employer	Name and Job Title of Supervisor	Dates Employed	Reason for Leaving	
		From To		
Your Title and Job Duties		May we contact your present employer? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Name, Address and Phone No. of Employer	Name and Job Title of Supervisor	Dates Employed	Reason for Leaving	
		From To		
Your Title and Job Duties				
Name, Address and Phone No. of Employer	Name and Job Title of Supervisor	Dates Employed	Reason for Leaving	
		From To		
Your Title and Job Duties				
Name, Address and Phone No. of Employer	Name and Job Title of Supervisor	Dates Employed	Reason for Leaving	
		From To		
Your Title and Job Duties				
Name, Address and Phone No. of Employer	Name and Job Title of Supervisor	Dates Employed	Reason for Leaving	
		From To		
Your Title and Job Duties				

I hereby authorize investigation of all statements contained in this application. I certify that all statements are true and understand that if I am employed, misrepresentation or omission of facts noted on my application/resume shall be considered sufficient cause for termination of employment without notice. I authorize persons, schools, current and previous employers and organizations named in this application to provide Randolph College with any information that may be required to arrive at any employment decision.

In consideration of my employment, I agree to conform to the rules and regulations of this college. No application, brochure, policy statement, procedure, benefit plan, summary, work rules, employee handbook, or any other written or oral communication between the College and its employees is intended to create an employment contract other than an "at will" employment contract. That "at will" employment contract means that both the college and the employee have the right to terminate the employment relationship, without recourse or liability, at any time with or without just cause and with or without notice.

Signature _____

Date _____