

APPLICATION FOR EMPLOYMENT



Edgewood College
1000 Edgewood College Drive
Madison, WI 53711
608-663-3317

Position Applying for _____

Type of Employment Desired:

- Full-time Day
 Part-time Evening

PERSONAL INFORMATION

NAME

DATE

LAST

FIRST

MIDDLE

ADDRESS

STREET

CITY

STATE

ZIPCODE

PHONE NUMBER: DAY:

EMAIL:

EVENING:

ARE YOU 18 YEARS OR OLDER?

YES

NO

Are you a U.S. citizen or otherwise currently authorized to obtain lawful employment in this country? YES NO
Have you ever been convicted by a court of law, fined, or forfeited collateral for breach or violation of any law, police, or traffic regulation other than minor traffic violation? (Note: drunken driving, reckless driving, hit-run driving, etc. are **not** minor traffic violations.) YES NO

If yes, attach further information as to the offense(s) – date, location of court, and so forth. If the job you are applying for requires you to operate a motor vehicle, include traffic convictions.

Edgewood College is an equal opportunity employer and does not discriminate on the basis of race, source of income, sexual orientation, national origin, religion, age, sex, disability, or other basis prohibited by applicable local, state, or federal fair employment laws or regulations. Applicants with a disability may request accommodations needed in the application and/or interview process.

I hereby consent to the duly authorized representative(s) of Edgewood College to contact any of my former employers, any of the educational institutions that I have attended, and any other person or organizations I have listed which might have information relevant to my application for employment. I further consent to those persons or organizations divulging relevant information to Edgewood College, notwithstanding that it might otherwise be confidential. I understand that any information obtained by Edgewood College in the course of those contacts will be treated in the strictest of confidence.

I hereby authorize Edgewood College Inc. to investigate my background and qualifications for purposes of evaluating whether I am qualified for the position for which I am applying. I understand that Edgewood College Inc. will utilize an outside firm or firms to assist it in checking such information and I specifically authorize such an investigation by Human Resources and any outside entities of the College's choice. I also understand that I may withhold my permission and in such a case, no investigation will be done and my application for employment will not be processed further.

I certify that all statements made on this form are true and accurate to the best of my knowledge. I understand that consideration of this application and the continuation of any subsequent employment depends upon the truth and accuracy of this information.

Date: _____

Applicant's Name (print or type): _____

Applicant's Signature: _____

Please submit a copy of your resume to the Human Resources Office, if you have not already done so. Keep us advised of any changes in your address, interest, or availability.

The following information is not necessary, *only* if the information is included on the resume submitted.

EDUCATION AND TRAINING

Describe any other training you consider relevant to the position for which you are applying.

EMPLOYMENT EXPERIENCE

(List all employment positions held starting with most recent)

Institution _____

Dates of Employment: From _____ to _____

Full-time Part-time

Rank/Position/Title:

Name and Title of Immediate Supervisor:

Reason for Leaving: _____

Previous Employer _____

Dates of Employment: From _____ to _____

Full-time Part-time

Rank/Position/Title:

Name and Title of Immediate Supervisor:

Reason for Leaving: _____

Institution _____

Dates of Employment: From _____ to _____

Full-time Part-time

Rank/Position/Title:

Name and Title of Immediate Supervisor:

Reason for Leaving: _____

Previous Employer _____

Dates of Employment: From _____ to _____

Full-time Part-time

Rank/Position/Title:

Name and Title of Immediate Supervisor:

Reason for Leaving: _____

If additional space is needed, a supplemental page may be attached.

LICENSES AND CERTIFICATIONS

PERSONAL REFERENCES

NAME	PHONE NUMBER	RELATIONSHIP TO APPLICANT
1.		
2.		
3.		