

### PERSONAL INFORMATION

NAME \_\_\_\_\_  
Last First MiddlePRESENT ADDRESS \_\_\_\_\_  
Street City State Zip

PHONE NUMBER \_\_\_\_\_ EMAIL \_\_\_\_\_

REFERRED BY \_\_\_\_\_

ARE YOU 18 YEARS OF AGE OR OLDER?  YES  NO

IF NOT, STATE YOUR AGE \_\_\_\_\_ (work permit required if you are under 18 years of age)

ARE YOU A U.S. CITIZEN?  YES  NOIF NOT, DO YOU HAVE A LEGAL RIGHT TO WORK IN THIS COUNTRY?  YES  NO

### EMPLOYMENT DESIRED

POSITION \_\_\_\_\_ DATE YOU CAN START \_\_\_\_\_ SALARY DESIRED \_\_\_\_\_

ARE YOU CURRENTLY EMPLOYED? \_\_\_\_\_ IF SO, MAY WE CONTACT YOUR PRESENT EMPLOYER? \_\_\_\_\_

HAVE YOU EVER APPLIED TO THE COLLEGE BEFORE? \_\_\_\_\_ WHEN \_\_\_\_\_

### EDUCATION

EDUCATION	NAME AND LOCATION OF SCHOOL	YEARS COMPLETED	DIPLOMA OR DEGREE EARNED	COURSE OF STUDY
HIGH SCHOOL				
COLLEGE				
GRADUATE SCHOOL/OTHER				

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK \_\_\_\_\_

U.S. MILITARY OR NAVAL SERVICE \_\_\_\_\_ RANK \_\_\_\_\_

**EMPLOYMENT HISTORY:** LIST BELOW YOUR LAST THREE EMPLOYERS, STARTING WITH THE MOST RECENT

DATE MONTH & YEAR	EMPLOYER NAME, ADDRESS & PHONE NUMBER	POSITION	SUPERVISOR & TITLE	REASON FOR LEAVING
FROM TO				
FROM TO				
FROM TO				

DESCRIBE NATURE OF WORK PERFORMED ABOVE:

DO YOU HAVE ANY SPECIAL SKILLS, EXPERIENCE OR TRAINING THAT WOULD ENHANCE YOUR ABILITY TO PERFORM THE POSITION YOU APPLIED FOR? IF YES, EXPLAIN

**REFERENCES:** LIST BELOW THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR, AND WHO HAVE KNOWLEDGE OF YOUR QUALIFICATIONS. PROFESSIONAL REFERENCES PREFERRED, I.E. FORMER EMPLOYER, COLLEAGUE, CLIENT, VENDOR OR SUPERVISOR.

NAME	ADDRESS & PHONE NUMBER	BUSINESS OR OCCUPATION	YEARS ACQUAINTED
1.			
2.			
3.			

ARE YOU ABLE TO PERFORM THE DUTIES OF THE POSITION FOR WHICH YOU ARE APPLYING, WITH OR WITHOUT REASONABLE ACCOMODATION?    \_\_\_ YES    \_\_\_ NO

I ATTEST THAT I HAVE PROVIDED TRUE AND COMPLETE INFORMATION. I UNDERSTAND THAT OMISSION OR MISREPRESENTATION OF FACTS CALLED FOR WILL NOT BE INTERPRETED IN MY FAVOR. I HEREBY GIVE AUTHORIZATION TO CHECK THE REFERNCES GIVEN IN THIS APPLICATION.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

*Hilbert College is committed to ensuring equal employment opportunity without regard to an individual's race, color, national origin, sex, religion, age, disability, gender, pregnancy, gender identity, sexual orientation, predisposing genetic characteristics, marital status, veterans status, military status, domestic violence victim status or ex-offender status.*