



BACONE COLLEGE

Application for Employment

Conditions of employment are stated at the end of this form. Please read carefully before you sign this application.
(Application must be completed in full even if attaching a resume.)

POSITION APPLIED FOR: _____

DATE : _____

PERSONAL INFORMATION			
PLEASE PRINT USING BALLPOINT PEN, BLUE OR BLACK INK, OR TYPE.			
FULL NAME	LAST NAME	FIRST NAME	M.I.
PRESENT ADDRESS	ADDRESS, CITY, STATE & ZIP	HOW LONG?	HOME PHONE NO. ()
PREVIOUS ADDRESS	ADDRESS, CITY, STATE & ZIP	HOW LONG?	CELL PHONE NO. ()
IF NO PHONE, HOW MAY WE CONTACT YOU? (MESSAGE PHONE OR EMAIL)			
DO YOU HAVE A RELATIVE PRESENTLY EMPLOYED WITH BACONE COLLEGE OR ITS DIVISIONS? IF YES, PLEASE LIST BELOW:			
HAVE YOU EVER WORKED FOR BACONE COLLEGE OR ITS DIVISIONS? IF YES, LIST DEPARTMENT AND DATES:			
HAVE YOU EVER APPLIED FOR A POSITION AT BACONE COLLEGE OR ITS DIVISIONS? IF YES, LIST POSITION(S) AND DATE(S) :			
HOW WERE YOU REFERRED?			

GENERAL INFORMATION	
ARE YOU AT LEAST 18 YEARS OF AGE OR OLDER? (IF UNDER AGE 18 YOU MAY BE REQUIRED TO PROVIDE AUTHORIZATION TO WORK.)	<input type="checkbox"/> YES <input type="checkbox"/> NO AGE: (UNDER 18) _____
ARE YOU A U.S. CITIZEN OR ELIGIBLE TO WORK LEGALLY IN THE U.S.? (LEGAL DOCUMENTATION REQUIRED AT THE TIME OF EMPLOYMENT.)	<input type="checkbox"/> YES <input type="checkbox"/> NO
DURING THE LAST (10) TEN YEARS, HAVE YOU EVER BEEN CONVICTED OF A CRIME OTHER THAN MINOR TRAFFIC OFFENSE? (A CONVICTION WILL NOT NECESSARILY AUTOMATICALLY DISQUALIFY YOU FOR EMPLOYMENT. RATHER, SUCH FACTORS AS AGE AND DATE OF CONVICTION, SERIOUSNESS AND NATURE OF THE CRIME, AND REHABILITATION WILL BE CONSIDERED.)	<input type="checkbox"/> YES <input type="checkbox"/> NO
IF YES, PLEASE EXPLAIN:	
HAVE YOU EVER BEEN DISCHARGED FROM ANY EMPLOYMENT OR ASKED TO RESIGN?	<input type="checkbox"/> YES <input type="checkbox"/> NO
IF YES, PLEASE EXPLAIN:	
WAGE EXPECTED	DATE AVAILABLE FOR WORK?



BACONE COLLEGE

Application for Employment

EMPLOYMENT HISTORY

BEGIN WITH YOUR MOST RECENT EMPLOYMENT, CONTINUE WITH YOUR LAST TEN (10) YEARS OF EMPLOYMENT INCLUDING PERIODS OF UNEMPLOYMENT (ATTACH ADDITIONAL SHEET IF NEEDED).

JOB TITLE / POSITION			DATES EMPLOYED (MO. / YR.)	
			START	END
EMPLOYER (LIST COMPANY NAME)			SALARY (PER HR, MO OR YR)	
			START	END
COMPANY ADDRESS, CITY, STATE & ZIP			MAY WE CONTACT THIS EMPLOYER? (IF NO PLEASE EXPLAIN)	
COMPANY PHONE NO.	TYPE OF BUSINESS	SUPERVISOR / TITLE		
()				
JOB DUTIES:				
REASON FOR LEAVING? (PLEASE EXPLAIN)				
JOB TITLE / POSITION			DATES EMPLOYED (MO. / YR.)	
			START	END
EMPLOYER (LIST COMPANY NAME)			SALARY (PER HR, MO OR YR)	
			START	END
COMPANY ADDRESS, CITY, STATE & ZIP			MAY WE CONTACT THIS EMPLOYER? (IF NO PLEASE EXPLAIN)	
COMPANY PHONE NO.	TYPE OF BUSINESS	SUPERVISOR / TITLE		
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JOB DUTIES:				
REASON FOR LEAVING? (PLEASE EXPLAIN)				
JOB TITLE / POSITION			DATES EMPLOYED (MO. / YR.)	
			START	END
EMPLOYER (LIST COMPANY NAME)			SALARY (PER HR, MO OR YR)	
			START	END
COMPANY ADDRESS, CITY, STATE & ZIP			MAY WE CONTACT THIS EMPLOYER? (IF NO PLEASE EXPLAIN)	
COMPANY PHONE NO.	TYPE OF BUSINESS	SUPERVISOR / TITLE		
()				
JOB DUTIES:				
REASON FOR LEAVING? (PLEASE EXPLAIN)				
EXPLAIN ANY BREAKS IN EMPLOYMENT. LIST DATES FOR EACH OCCURRENCE.				

EDUCATION

TYPE OF SCHOOL	NAME AND ADDRESS OF SCHOOL	NO. YEARS ATTENDED	DEGREE RECEIVED <i>(IF YES, LIST TYPE)</i>	MAJOR SUBJECT
HIGH SCHOOL				
COLLEGE / UNIVERSITY				
COLLEGE / UNIVERSITY				
GRADUATE SCHOOL				
BUSINESS / TRADE SCHOOL				
OTHER				

TRAINING, SKILLS OR QUALIFICATIONS

LIST ANY TRAINING, SKILLS, QUALIFICATIONS, ADDITIONAL EXPERIENCE OR HOBBIES YOU WOULD LIKE TO HAVE CONSIDERED IN EVALUATING YOUR APPLICATION FOR EMPLOYMENT. PLEASE INDICATE ANY PRIOR MILITARY SERVICE IN CONNECTION WITH YOUR APPLICATION OF EMPLOYMENT.

ATTENDANCE AND PUNCTUALITY INFORMATION

CONSISTENT ATTENDANCE AND PUNCTUALITY ARE ESSENTIAL REQUIREMENTS OF EVERY JOB WITH BACONE COLLEGE. IS THERE ANYTHING THAT WOULD INTERFERE WITH YOUR REGULAR ATTENDANCE AND PUNCTUALITY IF YOU WERE OFFERED EMPLOYMENT WITH BACONE COLLEGE?

YES
 NO
 IF YES, PLEASE EXPLAIN:

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PERSONAL OR PROFESSIONAL REFERENCES

FULL NAME	RELATIONSHIP	OCCUPATION	YEARS KNOWN
ADDRESS, CITY, STATE & ZIP			PHONE NO.
FULL NAME	RELATIONSHIP	OCCUPATION	YEARS KNOWN
ADDRESS, CITY, STATE & ZIP			PHONE NO.
FULL NAME	RELATIONSHIP	OCCUPATION	YEARS KNOWN
ADDRESS, CITY, STATE & ZIP			PHONE NO.

NOTICE AND AGREEMENT

IN ORDER FOR US TO BE ABLE TO PROCESS YOUR APPLICATION OF EMPLOYMENT, PLEASE REVIEW AND INITIAL EACH OF THE STATEMENTS BELOW:

I certify that all answers given by me are true, accurate and complete. I understand that the falsification, misrepresentation or omission of fact on this application (or any other accompanying or required documents) will be cause for denial of employment or immediate termination of employment, regardless of when or how discovered.

Questions regarding this statement should be directed to any employment interviewer before signing. The application will be given every consideration, but its receipt does not imply that the applicant will be employed

It is the policy of Bacone College to afford equal opportunity to all employees and applicants for employment without regard to age, race, religion, color, sex, national origin, marital status, and to afford equal opportunities to disabled veterans, veterans of the Vietnam era, and individuals with a disability, or any and other characteristic protected by Federal, State or Local law. Bacone is a private college with a mission to provide opportunities to Native American students and employees.

I authorize the investigation of all statements and information contained in this application. I authorize you to conduct a criminal background check, as well as personal and professional background checks, for the purposes of consideration of this application. You may contact any references, past and current employers, and any other individual or organization that might be relevant to the position for which I am applying-except for those specifically excluded in writing on this application. I hereby release all of these references, employers and other individuals/organizations from any and all liability for damages that might occur in connection with the processing of this application.

If hired, I agree to abide by all of the organization's rules and regulations. I understand and agree that, if employed, my employment relationship with this organization is an "at-will" relationship, meaning that both Bacone College and I have the right to terminate this employment relationship at any time, with or without notice, with or without cause, as long as that reason is not illegal. No verbal promises or guarantees can change this at-will relationship. I further understand that no representation, whether oral or written by any representative or agent of Bacone College, at any time, can constitute a contract of employment, without the approval of the President's office. I understand that Bacone College and all Plan Administrators shall have the maximum discretion permitted by law to administer, interpret, modify, discontinue, enhance or otherwise change all policies, procedures, benefits or other terms or conditions of employment. No representative or agent of Bacone College has the authority to enter into any agreement for employment for any specified period of time or to make any change in any policy, procedure, benefit or other term or condition of employment other than by receiving approval from the President's office, or to make any agreement contrary to the foregoing.

I acknowledge that I have read and understand the above statements and hereby grant permission to confirm the information supplied on this application by me.

DO NOT SIGN UNTIL YOU HAVE READ AND INITIALED THE ABOVE STATEMENTS.

APPLICANT SIGNATURE: _____

DATE: _____

EMPLOYMENT HISTORY CONTINUED

CONTINUE WITH YOUR LAST TEN (10) YEARS OF EMPLOYMENT INCLUDING PERIODS OF UNEMPLOYMENT

JOB TITLE / POSITION		DATES EMPLOYED (MO. / YR.)	
		START	END
EMPLOYER (LIST COMPANY NAME)		SALARY (PER HR, MO OR YR)	
		START	END
COMPANY ADDRESS, CITY, STATE & ZIP		MAY WE CONTACT THIS EMPLOYER? (IF NO PLEASE EXPLAIN)	
COMPANY PHONE NO.	TYPE OF BUSINESS	SUPERVISOR / TITLE	
()			
JOB DUTIES:			
REASON FOR LEAVING? (PLEASE EXPLAIN)			
JOB TITLE / POSITION		DATES EMPLOYED (MO. / YR.)	
		START	END
EMPLOYER (LIST COMPANY NAME)		SALARY (PER HR, MO OR YR)	
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