

Paine College

APPLICATION FOR EMPLOYMENT

This application will remain active for twelve (12) months only.

Print in ink or type the information requested below. Fill in all areas as accurately as possible. Return application to: Paine College, Human Resources Office, 1235 15th Street, Augusta, GA 30901.

Name: Last	First	Middle	Maiden Name	Social Security Number
Present Address:	No. & Street	City	State	Zip Code
Primary Telephone Number: ()	Secondary Telephone Number: ()			
Position(s) applying for?	1) _____		2) _____	
	3) _____		4) _____	
How did you learn about this position(s):				
Annual salary expected?	Appointment type: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary			
What date are you available to begin working?				
Have you been previously employed by Paine College? <input type="checkbox"/> Yes <input type="checkbox"/> No			If yes, dates of employment?	
What was your reason for leaving?				
Have you ever been discharged or asked to resign in lieu of discharge from any position? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:				
Have you ever been convicted of a crime or been sentenced to prison (exclude minor traffic violations)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain, include date(s)				

I understand that Paine College follows an "employment at will" policy, in that I or Paine College may terminate my employment at any time, or for any reason consistent with applicable state or federal law; this "employment at will" policy cannot be changed verbally or in writing, unless the change is specifically authorized in writing by the Chief Fiscal Officer of this organization. I understand that this application is not a contract of employment. I understand that federal law prohibits the employment of unauthorized aliens; all persons hired must submit satisfactory proof of employment authorization and identity; failure to submit such proof will result in denial of employment.

Your Signature _____

In compliance with Federal and State Equal Employment Opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, or the presence of a non-job related medical condition or physical handicap.

1235 15th Street • Augusta, GA 30901 • 706-821-8636

EDUCATION AND SKILLS

High School:

City & State:

Did you graduate or obtain GED?

 Yes → Date of completion: _____
 No → Highest grade completed: _____

Colleges and Universities Attended	City and State	Years Attended From To	Major and Minor	Degree and Year Granted

List any school activities, offices held, scholarships, honors, etc.

Are you currently attending school? Yes NoIf yes: Full-time Part-time

List any other courses, studies or training:

List any additional skills, vocational training, registrations, etc.

List computer software(s) used:

Do you type? Yes No WPM:Shorthand/Speed Writing? Yes No WPM:

List office machines used:

Do you hold a current professional license (Physician, Teaching, etc.)? Yes No

Profession: _____ State: _____ License Number: _____

APPLICANT'S LAST NAME:

FIRST:

MIDDLE:

EMPLOYMENT RECORD

Employer: Address:	Supervisor's Name:	Job Title: Job Duties:	Begin Date: End Date:
	Supervisor's Title:		Begin Salary: End Salary:
Phone: May we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Reason(s) for leaving (state if resigned, discharged, asked to resign, etc.)

Employer: Address:	Supervisor's Name:	Job Title: Job Duties:	Begin Date: End Date:
	Supervisor's Title:		Begin Salary: End Salary:
Phone:			

Reason(s) for leaving (state if resigned, discharged, asked to resign, etc.)

Employer: Address:	Supervisor's Name:	Job Title: Job Duties:	Begin Date: End Date:
	Supervisor's Title:		Begin Salary: End Salary:
Phone:			

Reason(s) for leaving (state if resigned, discharged, asked to resign, etc.)

Employer: Address:	Supervisor's Name:	Job Title: Job Duties:	Begin Date: End Date:
	Supervisor's Title:		Begin Salary: End Salary:
Phone:			

Reason(s) for leaving (state if resigned, discharged, asked to resign, etc.)

Employer: Address:	Supervisor's Name:	Job Title: Job Duties:	Begin Date: End Date:
	Supervisor's Title:		Begin Salary: End Salary:
Phone:			

Reason(s) for leaving (state if resigned, discharged, asked to resign, etc.)

List any periods of unemployment

From: Reason:	To:	From: Reason:	To:	From: Reason:	To:
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Include any remarks or comments you wish to offer for consideration.

I certify that answers given herein are true and complete to the best of my knowledge. I authorize Paine College to make such investigations and inquiries of my employment history and other related matters as may be necessary to arrive at an employment decision. I hereby release employers, schools or persons from any liability in responding to inquiries in connection with my application for employment. I make this statement to Paine College with knowledge that any false or misleading information may be sufficient cause for and may result in dismissal. I understand also that I am required to abide by all rules and regulations of Paine College.

Applicant's Signature _____

Date of Application: _____