



APPLICATION FOR EMPLOYMENT

Date: _____

Please print clearly in ink and complete all information requested

Name:

Last

First

M. I.

Street Address:

City:

State:

Zip:

Previous Address: (Complete only if at current address less than 2 years)

City:

State:

Zip:

Home Phone #: ()

Email Address:

Preferred Contact #: ()

POSITION DESIRED

(A separate application must be provided for each position in which you are interested.)

Position Applying for: _____

Posting Number: _____

Salary Desired: _____

Date Available: _____

Type of Work Desired: Full Time Part Time Either

PERSONAL INFORMATION

1. If hired, can you present proof of your legal right to live and work in the United States? 1. Yes No

2. Are you at least 18 years of age or older? If "no," a work permit may be required. 2. Yes No

3. For reference purposes, have you worked or attended school under a former name? 3. Yes No
If yes, please list former name(s): _____

4. Have you ever worked for The Claremont Colleges? If yes, which college? _____ 4. Yes No

5. Are any relatives or members of your household currently employed at this institution? 5. Yes No
If yes, give full name and position. _____

6. Are you able to perform the essential functions of the position applied for, either with or without reasonable accommodation? 6. Yes No

7. Have you ever been convicted of a crime or violation other than a minor traffic infraction? (Please do not include arrest or detentions that did not result in convictions or convictions for marijuana-related offenses that are more than two years old). 7. Yes No
If yes, please explain: _____

(Note: A conviction is not an automatic bar to employment. The nature of the offense, date of offense, the surrounding circumstances and relevance of the offense to the position applied for will be considered.)

8. Have you ever been discharged from any employment, asked to resign or advised that if you did not resign, your employment would be terminated? 8. Yes No
If yes, please explain: _____

EDUCATION AND TRAINING

Type of School	Name and Location	No. of Years Completed	Did you graduate	Major / Degree
High School/ GED/CHSPE				
Business/Trade or Technical School				
College(s) or University(ies)				

Are you attending school now: Yes No

Name of School / Course of Study:

SPECIAL SKILLS

Licenses / Certificates

Answer only if position applied for requires a driver's license.

Do you have a valid driver's license issued by the State of California? Yes No

Keyboarding WPM:

Computer Programs:

Special Equipment:

List Foreign Language(s) (optional)

Speak _____ Read _____ Write _____ Interpret / and or translate

Do you have any other experience, training, qualification or skills, which you feel, make you especially suited for the position applied for?

Yes No

If yes, please explain:

EMPLOYMENT HISTORY

For the last 10 years, starting with most recent, list each job held and account for all periods of unemployment. Attach additional sheets if necessary. You must complete this section even if attaching a resume.

EMPLOYER: _____ May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address: _____ City / State: _____ Phone: _____
Supervisor's Name: _____ Phone: _____
Start Date: _____ Term Date: _____ Starting Salary: _____ Ending Salary: _____
Title or Position: _____
Duties and Responsibilities: _____ _____
Reason for Leaving: _____
Account for periods of unemployment between jobs: _____
EMPLOYER: _____ May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address: _____ City / State: _____ Phone: _____
Supervisor's Name: _____ Phone: _____
Start Date: _____ Term Date: _____ Starting Salary: _____ Ending Salary: _____
Title or Position: _____
Duties and Responsibilities: _____ _____
Reason for Leaving: _____
Account for periods of unemployment between jobs: _____
EMPLOYER: _____ May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address: _____ City / State: _____ Phone: _____
Supervisor's Name: _____ Phone: _____
Start Date: _____ Term Date: _____ Starting Salary: _____ Ending Salary: _____
Title or Position: _____
Duties and Responsibilities: _____ _____
Reason for Leaving: _____
Account for periods of unemployment between jobs: _____

EMPLOYMENT HISTORY

EMPLOYER: _____ May we contact this employer? Yes No
Address: _____ City / State: _____ Phone: _____
Supervisor's Name: _____ Phone: _____
Start Date: _____ Term Date: _____ Starting Salary: _____ Ending Salary: _____
Title or Position: _____
Duties and Responsibilities: _____

Reason for Leaving: _____
Account for periods of unemployment between jobs: _____

EMPLOYER: _____ May we contact this employer? Yes No
Address: _____ City / State: _____ Phone: _____
Supervisor's Name: _____ Phone: _____
Start Date: _____ Term Date: _____ Starting Salary: _____ Ending Salary: _____
Title or Position: _____
Duties and Responsibilities: _____

Reason for Leaving: _____
Account for periods of unemployment between jobs: _____

Important, please read carefully and sign.

I hereby certify that the information on this application and all other information otherwise provided are true and correct. I understand that any misrepresentations or omissions will be sufficient cause for cancellation of this application or immediate termination of employment if I am employed, whenever it may be discovered.

If I am hired, I acknowledge that there is no specified length of employment and that this application does not constitute a contract for employment. I also understand that my needs, and/or the needs and resources of the College might change, requiring a change in personnel. Accordingly, either I or Pomona College can end the employment relationship "at will," that is, at any time with or without a reason. I further acknowledge that the only way the "at-will" nature of my employment relationship with Pomona College can be altered is by a specific written agreement signed by me and the College President.

I represent and warrant that I have read and fully understand the foregoing, and that I seek employment under these conditions.

Applicant's Signature _____ Date: _____