

Elizabethtown College

Employment Application

COMPLETE EVERY BLANK: INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED. You can print this document and write your responses, or you can complete the form in Word (you are able to type in all of the gray-shaded areas). Send completed applications to Human Resources, Elizabethtown College, One Alpha Drive, Elizabethtown, PA 17022-2298 or e-mail to hr@etown.edu.

As an affirmative action/equal opportunity employer, Elizabethtown College is seeking candidates who will enhance the diversity of its faculty, staff, and administration.

Personal Information

Name _____

Address _____ City, State ZIP _____

Home Telephone Number _____ Cell Phone Number _____

Email Address _____

Are you legally eligible for employment in the United States? Yes No (Documentation will be required upon employment)

Position Information

I am interested in Part-time Full-time employment. Date available to begin employment _____

Position you are applying for _____ Rate of pay expected _____

How did you learn about this opening? _____

Were you previously employed by us? Yes No If yes, when and what position? _____

Education Information

	Name of School	Major	Degree Received
High School	_____	_____	_____
College	_____	_____	_____
College	_____	_____	_____
College	_____	_____	_____
College	_____	_____	_____
Other	_____	_____	_____

Miscellaneous Information

Have you ever been convicted of a felony? Yes No

If YES, please explain _____

(Such conviction may be relevant if job related, but does not necessarily disqualify you from employment.)

Employment Information

Please list full-time and part-time employment beginning with the most recent position.

Position Held	Employer	Dates employed	Pay Rate	Reason for leaving

Professional Information (if applicable)

Professional Memberships:
Certifications & Licenses Held:
Honors & Awards:

Please list any skills you possess that are specific to the position you are applying for _____

References

Please list three professional references.

Name	Address	Telephone Number	Years Known
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY

I hereby consent to the College's verifying all of the information I have provided on this application form. My signature on this application constitutes as written authorization for the release of prior employment records as necessary to verify information I have provided on this form.

I certify that the facts contained in this application are true and complete to the best of my knowledge. I understand that any falsified statements on this application or omission of fact on either this application or during the pre-employment process will result in my application being rejected.

Signature (if typing your name, you are agreeing to the above statements)

Date

