



EMPLOYMENT APPLICATION

AN EQUAL OPPORTUNITY EMPLOYER

We do not discriminate on the basis of gender, race, religion, national origin, age, sexual orientation, disability, veteran status or any other reason prohibited by law. It is our intention that all applicants be given equal employment opportunity and that selection decisions are based on job-related factors.

Position Desired: _____ **Date of Application:** _____

INSTRUCTIONS

Please complete all questions fully and accurately. Use blank paper if you do not have enough room on this application form. PLEASE PRINT CLEARLY, *except for signature at end of application.*

<i>Last Name</i>	<i>First Name</i>	<i>Middle Initial</i>		
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<i>Current Address</i>	<i>City</i>	<i>State</i>	<i>Zip</i>	<i>Phone Number</i>
<i>Mailing Address (if different)</i>	<i>City</i>	<i>State</i>	<i>Zip</i>	<i>Email Address</i>

EMPLOYMENT INTEREST

From what source did you first learn about this position? _____

Are you currently employed? Yes No May we contact your current employer? Yes No

When are you available to start work? _____

If hired, can you provide proof of eligibility to work in the United States? Yes No

(The Federal Immigration Reform and Control Act requires individuals to provide to an employer documented proof that they are authorized to work in the United States. The proof must be provided within three business days after the date of hire.)

EMPLOYMENT REFERENCES

Give names and numbers of three professional references that we may contact.

NAME	PHONE NUMBER	EMAIL ADDRESS	OCCUPATION /RELATION

EMPLOYMENT HISTORY Complete this section even if you are attaching a résumé.

Provide name of employers in consecutive order with present or most recent employer first. Please indicate which employers you would not wish for us to contact.

Name of Employer: _____ Job Title: _____

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Phone Number Current Address City State Zip

Name of Supervisor: _____ Date Started: _____ Date Left: _____

Responsibilities: _____

Pay Rate: Starting \$ _____ Ending \$ _____ Reason for leaving: _____

Name of Employer: _____ Job Title: _____

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Phone Number Current Address City State Zip

Name of Supervisor: _____ Date Started: _____ Date Left: _____

Responsibilities: _____

Pay Rate: Starting \$ _____ Ending \$ _____ Reason for leaving: _____

Name of Employer: _____ Job Title: _____

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Phone Number Current Address City State Zip

Name of Supervisor: _____ Date Started: _____ Date Left: _____

Responsibilities: _____

Pay Rate: Starting \$ _____ Ending \$ _____ Reason for leaving: _____

Name of Employer: _____ Job Title: _____

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Phone Number Current Address City State Zip

Name of Supervisor: _____ Date Started: _____ Date Left: _____

Responsibilities: _____

Pay Rate: Starting \$ _____ Ending \$ _____ Reason for leaving: _____

EDUCATIONAL BACKGROUND: *Complete this section even if you are attaching a résumé.*

UNDERGRADUATE/GRADUATE SCHOOL OR TECHNICAL SCHOOL (list most recent first):

Name of School	City/State	From:	To:	Degree	Major

HIGH SCHOOL ATTENDED:

Name of School	City/State	From:	To:	Diploma / GED?
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

GENERAL INFORMATION

Have you ever attended Cornish College of the Arts? Yes No

If yes, list dates attended: _____

Have you ever been employed by Cornish College of the Arts? Yes No

If yes, what position did you hold? _____

Are any of your family members or relatives employed by Cornish College of the Arts? Yes No

If yes, please state their name, relationship and position:

Have you been convicted of a crime in the last ten years? Yes No

If yes, give particulars: _____

(Note: Existence of a conviction record is not necessarily a bar to employment)

ABILITY TO PERFORM JOB FUNCTIONS

Having read the job posting, are you able to perform all physical and mental job-related functions of the position(s) for which you have applied, with or without reasonable accommodations? Yes No

OPTIONAL SECTION

Briefly explain why you believe you are qualified for the position for which you are applying, and how you think your skills and experience would benefit Cornish College of the Arts.

PLEASE READ THE FOLLOWING AND SIGN YOUR NAME

1. I understand that employment at Cornish College of the Arts is at-will and that either I or the College may terminate the employment relationship at any given time with or without cause or notice. If I am employed by the College, I will comply with all employment-related policies and requirements set forth by the College.
2. I certify that all answers to questions in this application and all additional information I may have submitted are true and complete to the best of my knowledge. I understand that giving false information, misrepresentation or omission of facts may be grounds for denial of employment or discharge if hired.
3. I hereby acknowledge that I have read and understand the above statements. I voluntarily give Cornish College permission to confirm by personal inquiry, or otherwise, information provided in this application. I release from all liability or responsibility this College and all persons, companies, or corporations providing information to the College about me.

Applicant's Signature

Date