

Employment Application



LINFIELD COLLEGE

If mailed, return to:

Linfield College
Department of Human Resources
900 S.E. Baker St., Unit A520, McMinnville OR 97128-6894
Fax: (503) 883-2644

www.linfield.edu/humanresources/pos.html

Linfield College is an Equal Opportunity Employer and we consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

Please Print

Last Name _____ First Name _____ Middle initial _____ Today's date _____

Address _____ City _____ State _____ Zip _____

Telephone _____ Message or Cell Number _____

E-mail _____

■ Position applying for _____

■ Type of employment desired: Full time Part time Temporary

■ If required for the job, can you travel? Yes No

■ If you are under 18, can you furnish a work permit if it is required? Yes No

■ Have you ever been previously employed by our institution? Yes No

■ Can you submit proof of legal employment authorization and identity? Yes No

■ Have you ever been convicted of a felony? Yes No

■ Are you currently employed? Yes No

■ May we contact your present employer? Yes No

■ Date you are available to start work? _____

■ How did you hear about this position? _____

Employment History

■ Please provide all employment information for your past four employers, starting with the most recent.

Employer _____ Position held _____

Address _____ Telephone # _____

Immediate supervisor and title _____

Dates employed: from _____ to _____ Salary _____

Job summary _____

Reason for leaving _____

Employer _____ Position held _____

Address _____ Telephone # _____

Immediate supervisor and title _____

Dates employed: from _____ to _____ Salary _____

Job summary _____

Reason for leaving _____

Employer _____ Position held _____

Address _____ Telephone # _____

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Employer _____ Position held _____

Address _____ Telephone # _____

Immediate supervisor and title _____

Dates employed: from _____ to _____ Salary _____

Job summary _____

Reason for leaving _____

Educational Background Complete this section even if you are attaching a resume.

High School or GED _____

College or University _____

College Major _____ Minor _____ Degree _____

Additional Educational and/or Vocational or Technical Training Information	Field of Study	Courses Completed	Certificate Received
School:			
School:			

■ Professional Licenses 1. _____ 2. _____ Total Years of Education _____

■ Are you currently enrolled in school? Yes No Expected date of completion _____

General Information

■ Do you have any relatives* at Linfield College in administrative or supervisory positions? Yes No
If so, please state their name, relationship and position _____

*Relatives include: husband, wife, son, daughter, father, mother, brother, sister, brother-in-law, sister-in-law, son-in-law, daughter-in-law, mother-in-law, father-in-law, aunt, uncle, niece, nephew or stepparent or stepchild.

For Driving Jobs Only:

Do you have a valid driver license? Yes No Driver License Number _____ State _____

NOTE: DMV report will be required after job offer.

Other Skills and Qualifications

Summarize any job-related training, skills, licenses, certificates, and/or other qualifications _____

References

■ List 3 references names, telephone numbers, and years known (do not include relatives or employers):

Name	Address	Phone

Applicant Acknowledgement

I hereby authorize Linfield College to contact, obtain, and verify the accuracy of information contained in this application from all previous employers, educational institutions, DMV report (if applicable), and references. I also hereby release from liability Linfield College and its representatives for seeking, gathering, and using such information to make employment decisions and all other persons or organizations for providing such information.

I understand that any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate termination of employment if I am employed, whenever it may be discovered.

I understand that it is the policy of Linfield College not to refuse to hire or otherwise discriminate against a qualified individual with a disability because of that person's need for a reasonable accommodation as required by the ADA.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, policy, or agreement, any employment relationship with Linfield College is of an "at will" nature, which means that the employee may resign at any time and the employer may discharge the employee at any time with or without cause.

I also understand that if I am employed, I will be required to provide satisfactory proof of identity and legal work authorization within three days of being hired. My failure to submit such proof within the required time shall result in the immediate termination of employment.

I further understand that, if hired, I will be required to abide by all applicable rules, policies, and regulations of Linfield College.

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

Applicant Signature

Date