CATAWBA COLLEGE

An Equal Opportunity Employer

Application for Employment

PERSONAL

NAME (print) _____ Date _____
Last First Middle

ADDRESS _____
No. Street City State Zip

HOME PHONE _____ ALT. PHONE _____

E-MAIL _____

POSTION (S) APPLIED FOR _____ PAY EXP _____

Have you previously applied to, or been employed by, Catawba College? ☐ Yes ☐ No, If so, When? _____

Are you available for full time work? ☐ Yes ☐ No, if not, what hours can you work? _____

Will you work overtime, if asked? ☐ Yes ☐ No. When will you be available to begin work? _____

Have you ever been convicted of, plead guilty or no contest to, any criminal offense other than a minor traffic violation? If yes, please explain. (A criminal conviction, guilty plea, or no contest to, does not constitute an automatic bar from employment.) The job for which you are applying, what you were convicted of, and how long ago you were convicted, are important. Please give all the facts so that an informed decision can be made.

Are you legally eligible for employment in the United States? ☐ Yes ☐ No
Proof of work authorization will be required upon hiring.

Catawba College considers all applicants without regard to race, color, religion, sex, national origin, age, veteran's status, disability, genetic information, and any other status protected by applicable law. If you have a disability and need a reasonable accommodation during the application or hiring process, please contact the Human Resources Officer.

EDUCATION

School	Name & Location of School	Course of Study	# of Yrs. Completed	Did you graduate?	Degree or Diploma
Graduate				Y / N	
College				Y / N	
Business/Trade/ Technical				Y / N	
High School				Y / N	

List any special training or skills that you have: _____
_____

EMPLOYMENT HISTORY

List your complete employment history. Please start with your present or most recent employer, including military service.

1. **Company Name:** _____ Phone: _____

Address: _____
(Street) (City) (State) (Zip)

Name of Supervisor: _____

Employment (state month & year): Weekly Pay:
From: _____ To: _____ Start _____ Last _____

State Job Title & Describe Your Work: _____

_____

Reason for Leaving: _____

2. **Company Name:** _____ Phone: _____

Address: _____
(Street) (City) (State) (Zip)

Name of Supervisor: _____

Employment (state month & year): Weekly Pay:
From: _____ To: _____ Start _____ Last _____

State Job Title & Describe Your Work: _____

_____

Reason for Leaving: _____

3. **Company Name:** _____ Phone: _____

Address: _____
(Street) (City) (State) (Zip)

Name of Supervisor: _____

Employment (state month & year): Weekly Pay:
From: _____ To: _____ Start _____ Last _____

State Job Title & Describe Your Work: _____

_____

Reason for Leaving: _____

Use additional pages to provide all previous employment information.

Catawba College may contact the employers listed above, unless you indicate those you do not want us to contact.
Do not contact ☐ 1 ☐ 2 ☐ 3 ☐ __

Have you ever been asked to resign from employment or been involuntarily separated from employment? ☐ Yes ☐ No

PRE-EMPLOYMENT STATEMENT

Please read before signing. If you have any questions regarding this statement, please ask the Human Resources Representative before you sign.

I certify that I have personally competed this application for employment. I declare that I have fully and completely answered the questions on this application and that the information I have provided is accurate and complete to the best of my knowledge. I understand that false, incomplete or misleading information in my application or interview may disqualify me for further consideration for employment and may result in termination of employment if this application leads to my employment.

I authorize Catawba College to make any investigation of my personal employment or criminal history and authorize my current employer, former employers, and educational institutions I have attended, and their employees and representatives, and any and all references listed on my employment application and /or resume to provide any pertinent information they think appropriate, including any information about my employment, job performance, educational performance, and other matters related to potential employment at the College. This information may be provided either verbally or in writing. I specifically waive any written notice from any present or former employer who may provide information based upon this authorized request. I understand this authorization to be part of the written employment application. I release the College and its agents, employees, and representatives from any and all liability, claims, and damages that may directly or indirectly result from the use, disclosure, or release of any information the College receives from any third party pursuant to this authorization, whether such information is favorable or unfavorable to me.

I further agree that if employed, I will conform to the rules and regulations of Catawba College. I also understand that unless otherwise specifically agreed in writing, my employment can be terminated, with or without cause, and with or without notice, at any time, at either Catawba College's or my option. I also understand that any employment manuals or handbooks that may be distributed to me during the course of my employment, as well as this application for employment, are not, and shall not, be construed as a contract.

I acknowledge that I have read the above statement and understand the same.

	_____
Signature of Applicant	Date

This application will be considered active for 90 days from the date of application. After that time, interested applicants must re-apply. If you are offered a position with Catawba College, you will be required to satisfactorily complete a background check and a drug screen as a condition of your employment.

Human Resources Department
2300 West Innes Street
Salisbury, NC 28144-2488
E-mail: lfarmer@catawba.edu
704.637.4227
704.637.4289 Fax

APPLICANT REFERENCE CHECK

The applicant named below has applied for employment at Catawba College. He/she claims to have been employed by your company and has authorized release of all information requested. The signed release is below. The information that you furnish will be considered in strict confidence and we will be glad to reciprocate at any time.

"I have applied for a position with Catawba College. I authorize Catawba College to make any investigation of my personal employment or criminal history and authorize my current employer, former employers and educational institutions I have attended, and their employees and representatives, and any and all references listed on my employment application and/or resume to provide any pertinent information they think appropriate, including any information about my employment, job performance, educational performance, and other matters related to potential employment at the College. This information may be provided either verbally or in writing. I specifically waive any written notice from any present or former employer who may provide information based upon this authorized request. I understand this authorization to be part of the written employment application. I release the College and its agents, employees, and representatives from any and all liability, claims, and damages that may directly or indirectly result from the use, disclosure, or release of any information the College receives from any third party pursuant to this authorization, whether such information is favorable or unfavorable to me.

My signature below indicates that I have read this statement, understand the same and voluntarily sign this release."

_____ _____
Signature of Applicant Date

Applicant _____ Social Security Number _____

Dates of Employment: From _____ To _____

Job Title and Duties: _____

Salary: $_____ per _____

Please check the appropriate response:	Acceptable	Unacceptable
☐ Job Performance	_____	_____
☐ Attendance	_____	_____
☐ Work Attitude	_____	_____
☐ Ability to get Along with others	_____	_____
☐ Safety performance	_____	_____

Why did he/she leave your company: _____

Would you re-employ? ☐ Yes ☐ No, If no, why not:_____

If there anything else we should know? _____

Thank you for taking time to fill out this information. Please return it to us in the self-addressed/stamped envelope provided.

APPLICATION FLOW INFORMATION

Applicants are invited to answer the questions below. *This information, provided by the applicant, is confidential and will be used ONLY for statistical compilation and report filing.* This information will not be part of the college's employment decision regarding the applicant and will not be seen by anyone outside of the Human Resource Department. Thank you in advance for your time and cooperation.

APPLICANT INFORMATION

(*To Be Completed By The Applicant)*

In the spaces provided below, please indicate in which department the position is available; the title of the position for which you are applying; the source from which you found out about the available position.
PLEASE PRINT.

Applicant's Name: _____ Position: _____

Department: _____ Source: _____

Are you Hispanic or Latino? Yes ( ) No

SELECT ONE OR MORE RACES:

- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Black or African American
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ White

SEX:

- ☐ Male
- ☐ Female