

WOFFORD COLLEGE

APPLICATION FOR EMPLOYMENT

PLEASE PRINT: APPLICATION MUST BE FILLED OUT COMPLETELY. FAILURE TO COMPLETE ALL INFORMATION MAY RESULT IN FORFEITURE OF APPLICATION FOR CONSIDERATION. APPLICATION IS VALID FOR 90 DAYS.

I UNDERSTAND WOFFORD COLLEGE IS AN AT-WILL EMPLOYER AND NOTHING COMMUNICATED EITHER VERBALLY OR IN WRITING DURING THE APPLICATION OR INTERVIEW PROCESS CREATES OR BINDS THE COLLEGE TO ANY CONTRACTUAL RIGHTS UNDER STATE LAW. NO SUPERVISOR, MEMBER OF MANAGEMENT OR EMPLOYEE OF THE COLLEGE, EXCEPT FOR THE PRESIDENT OR SENIOR VICE PRESIDENT HAS AUTHORITY TO BIND WOFFORD COLLEGE TO ANY EMPLOYMENT CONTRACT FOR ANY SPECIFIED PERIOD OF TIME EITHER VERBALLY OR IN WRITING. I UNDERSTAND IF HIRED I CAN TERMINATE MY EMPLOYMENT AT WILL, AT ANY TIME WITH OR WITHOUT ANY NOTICE AND WOFFORD COLLEGE HAS THE SAME RIGHT TO TERMINATE MY EMPLOYMENT AT WILL, AT ANY TIME, WITH OR WITHOUT ANY NOTICE.

SIGNATURE OF APPLICANT

DATE

PERSONAL:

Name _____ Date _____
Last First Middle/Maiden

Address _____
Number & Street City State Zip Code

Position Applied For _____ FT _____ PT _____ Shift

Date Available _____ Desired Salary _____ Phone Number _____

Social Security Number _____ Are you over 18 years old? _____ Yes _____ No

Are you legally eligible for employment in the United States? _____ Yes _____ No
(If offered employment, you will be required to provide documentation to verify eligibility.)

Have you ever been employed at Wofford College? _____ Yes _____ No
If so, please state dates of employment, position and department employed in.

Wofford College does not discriminate on the basis of race, color, creed, religion, sex, age, national origin, disability, veteran status, sexual orientation or any legally protected status.

Have you ever been convicted of a crime other than minor traffic offense?

(A conviction will not necessarily automatically disqualify you for employment. Rather, such factors as age and date of conviction, seriousness and nature of the crime, and rehabilitation will be considered).

_____ Yes _____ No

If yes, explain:

Are you willing to take a physical examination? _____ Yes _____ No

Are you willing to submit to a background investigation? _____ Yes _____ No

Are you currently on "lay-off" status and subject to recall? _____ Yes _____ No

Are you currently employed? _____ Yes _____ No

What date would you be available to work? _____

EDUCATION: Please indicate education or training which you believe qualifies you for the position you are seeking.

High School: No. of Yrs Completed (circle one) 1 2 3 4

Diploma: _____ Yes _____ No **G.E.D.:** _____ Yes _____ No

High School _____ City/State _____

College and/or Vocational School:

Number of Years Completed (circle one) 1 2 3 4

School(s) _____ City/State _____

Major _____ Degree/Certificate (s) Earned _____

Other: Specialized Training & Degrees

School(s) _____ City/State _____

Course _____ Degree or Certificate _____

Are you currently certified by the SC Criminal Justice Academy? _____ Yes _____ No

PROFESSIONAL LICENSE, MEMBERSHIP(S), CIVIC/BUSINESS ACTIVITIES/OFFICES HELD:

You need not disclose membership in professional organizations that may reveal information regarding race, color, creed, sex, religion, national origin, ancestry, age, disability, marital status, veteran status or any other protected status.

Type of License Held _____

State License Number _____

License Expiration Date _____

Other Professional Memberships:

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SKILLS: (Indicate years of experience by each skill)

PC/MAC _____ MSOFFICE _____ WORD PROCESSING/DATA ENTRY WPM _____
SPREADSHEET _____ DATABASE MGMT _____ SHORTHAND _____ Foreign Language _____
OTHER (Job-related skills/qualifications, equipment, machinery, tools you feel may be helpful to us in considering your application)

DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING. Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the duties and responsibilities involved in the job or occupation for which you have applied? A review of the duties and responsibilities has been given.

_____ Yes _____ No

EMPLOYMENT RECORD: List last employer first, including U.S. Military Service.

May we contact your present employer? _____ Yes _____ No

If any employment was under a different name, indicate name _____

(1.) Employer _____ Address _____

Telephone _____ Position _____

Dates of Employment: From _____ To _____
Mo/Yr Mo/Yr

Salary _____ Supervisor _____ Department _____

Duties _____ FT ___ PT ___ No. of Hrs. _____

Reason for Leaving: _____

(2.) Employer _____ Address _____

Telephone _____ Position _____

Dates of Employment: From _____ To _____
Mo/Yr Mo/Yr

Salary _____ Supervisor _____ Department _____

Duties _____ FT ___ PT ___ No. of Hrs. _____

Reason for Leaving: _____

(3.) Employer _____ Address _____

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Telephone _____ Position _____

Dates of Employment: From _____ To _____
Mo/Yr Mo/Yr

Salary _____ Supervisor _____ Department _____

Duties _____ FT ___ PT ___ No. of Hrs. _____

Reason for Leaving:

(4.) Employer _____ Address _____

Telephone _____ Position _____

Dates of Employment: From _____ To _____
Mo/Yr Mo/Yr

Salary _____ Supervisor _____ Department _____

Duties _____ FT ___ PT ___ No. of Hrs. _____

Reason for Leaving:

(5.) Employer _____ Address _____

Telephone _____ Position _____

Dates of Employment: From _____ To _____
Mo/Yr Mo/Yr

Salary _____ Supervisor _____ Department _____

Duties _____ FT ___ PT ___ No. of Hrs. _____

Reason for Leaving:

If you wish to describe additional work experience, attach the above information for each position on a separate piece of paper.

Explain any gaps in work history: _____

Have you ever been discharged or asked to resign from a job? _____ Yes _____ No

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If yes, explain: _____

PROFESSIONAL REFERENCES:

Name _____

Name _____

Address _____

Address _____

Phone (____) _____

Phone (____) _____

Name _____

Name _____

Address _____

Address _____

Phone (____) _____

Phone (____) _____

APPLICANT'S CERTIFICATION AND AGREEMENT

I hereby certify that the facts set forth in my employment application are true and complete to the best of my knowledge. I authorize Wofford College to verify their accuracy and to obtain reference information on my work performance. I understand if an offer of employment is made, my employment may be subject to my passing a background investigation and/or physical examination given by a physician selected by Wofford College. I understand that if employed, falsified statements of any kind or omissions of facts called for on my application shall be considered sufficient basis for discharge. I understand should an employment offer be extended to me and accepted, I will fully adhere to the policies, rules and regulations of employment of the College. I understand neither the policies, rules, regulations of employment or anything said during the interview process shall be deemed to constitute terms of an employment contract, implied or otherwise, with Wofford College.

Signature of Applicant _____ Date: _____