

APPLICATION FOR EMPLOYMENT

(AN EQUAL OPPORTUNITY EMPLOYER)

PERSONAL DA	TA	Date:					
Name	Last	First		Middle			
Present Address	Number & Street	City	State	e Zip	How long?		
Previous Addresses	Number & Street	City	State	e Zip	How long?		
(If less than 7 yrs. at present address)	Number & Street	City	State	e Zip	How long?		
	Number & Street	City	State	e Zip	How long?		
Contact Phone Nur	mber () Area Code Number		Are you 18 years old or	over?	s 🗆 No		
Alternate Phone N			Are you willing to work	overtime? \square Y	es 🗆 No		
_	oplying for: Temporary	Print Position Title					
Expected rate of pa	y:	Date available for work	c				
If part time, what d	lays and hours are you available Monday Tuesda		Thursday	Friday	Saturday		
to	toto	to	to	to	to		
Employment dates	n employed by Tusculum Colleg to g:	Position Held					
Do you have a relat	tive or friend who is employed l	y Tusculum College?	☐ Yes ☐ No				
Name:		Relationsl	nip:				
Name:		Relationsh	nip:				
Are you legally auth	norized to work in the United Sa	tes? Yes	No	NUL	: જે		
of your legal right t	tion of Form I-9 must be submitted no	☐ Yes ☐ i	rs after date of hire.	SIT 177	ANE TO		
Tusculum Col	llege is an Equal Employment Opp	ortunity Employer and parti	icipates in E-Verify				

Special Skills	Please list any other experience are applying.	es, skills, or qu	ualifica	tions that y	ou consider	applicable to the	position for which you
EDUCATION							
	grade completed or check last degree ea		1 2	3 4 achelor's D		8 9 10 □ Master's Degr	11 12 ee □ Ph. D.
High School	Information		Col	lege Infor	mation		
Name of School			Colleg		Name of School		
Location (City, State) Zip Co		Zip Code	University		Location (City, State) Zip Code		
Did you gradua	ate? Yes No				Major/Fiel	ld of study	Graduated (mo/yr)
Other Specialized Study Courses			Graduate		Name of School		
			College or University		Location (City, State)		Zip Code
					Major/Field of study		Graduated (mo/yr)
EMPLOYMEN	NT HISTORY						
Begin with presemployment.	sent or last employer listing all	Employn Dates		perfori	of work ned and rvisors	Earnings per week, hour or month	Reason(s) for leaving
1. Company Na	ame	1		Duties:			
Street		from month y	vear				
City	State Zip	to/	vear	Contact of	r Supervisor	Final Wage	
Type Business							
2. Company Na	ame			Duties:			
Street		from //	 rear				
City	State Zip	to/_	Contact or		Supervisor: Final	Final Wage	
Type Business	Phone Number	month y	ear				
3. Company Na	ame			Duties:			
Street		from month y	vear				
City	State Zip	to/_		Contact or	Supervisor	Final Wage	1
Type Business	Phone Number	– month y	ear ear				
							·

4. Company Name		Employment Dates	Kind of wo performed superviso	and	Earnings per week, hour or month	Reason(s) for leavin
Street			Duties:		•	
21:	7	from /				
City	State Zip	month year	Contact or Supe	ervisor::	Final Wage	
Гуре Business	Phone Number	to				
- C N		month year				
5. Company Name			Duties:			
Street		from/				
21.	0	month year	Combost on Com		T	
City	State Zip	to/	Contact or Sup	ervisor:	Final Wage	
Гуре Business	Phone Number	month year				
5. Company Name			Duties:			
Street		from				
, , , , , , , , , , , , , , , , , , , 		month year				
City	State Zip	to	Contact or Sup	ervisor:	Final Wage	
Гуре Business	Phone Number	month year				
<i>J</i> 1						
If no, please circle the nu	mber of the employer you	Yes No Mo not wish us to con		2	3 4	5 6
f no, please circle the nu	mber of the employer you	do not wish us to con		2	3 4	5 6
If no, please circle the nu If no, please explain reason	mber of the employer you on:	do not wish us to con		Zip	3 4 Occupation	
f no, please circle the nu f no, please explain reason PERSONAL REFERENCE.	mber of the employer you gon: CES – Do Not List Relat	do not wish us to con	ployers			Phone
f no, please circle the nu f no, please explain rease PERSONAL REFEREN 1. Name 2. Name	mber of the employer you gon: CES – Do Not List Relat Address	do not wish us to con ives or Former Em	aployers State	Zip	Occupation	Phone Phone
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Have you pled guilty to, pled no conte	est to, or be	een convicte	d of a felony within the last te	en years? 🔲 Yes 🔲 No
If yes, please state the offense, jurisdiemployment.)	ction, and	sentence im	posed or to which you agreed	. (An affirmative answer will not necessarily be a bar to
Have you ever been bonded?	☐ Yes	□ No	If yes, what company?	
Have you ever been denied a bond?	☐ Yes	□ No	If yes, state reas	on:
		AC	CKNOWLEDGEMENT	
	ent cause f	for dismissa	•	erstand that if employed, false statements on this to make any investigation of my personal history
obtained through personal interviews information as to my character, genera written request within a reasonable	with my n l reputatio time perio nderstand	eighbors, fri n, personal od to receiv that Tuscul	iends or others with whom I characteristics, and mode of re additional, detailed inform um College has the policy of	umer report may be made whereby information is am acquainted. This inquiry, if made, may include living. I understand that I have the right to make a mation about the nature and scope of any sucl f "Employment at Will". The company and/or the
Signature of Applicant			Date	Last Four Digits of SSN
		RE	LEASE STATEMENT	
I hereby authorize any investigator o information in your files pertaining to		_	-	chereof, within one year of its date, to obtain any Previous Employment History.
records, and any law enforcement ag related personnel, both individually result to me, my heirs, family, or asse attempt to comply with it. This relea	ency, scho and collec ociates be se is exect	ool, college, tively, from cause of col uted in full	university, or other education any and all liability for dan mpliance with this authoriza knowledge and understand	r, I hereby release you as the custodian of such onal institution, including officers, employees, or mages of whatever kind, which may at any time ation and request to release information, or anying that the information is for the official use of escribed above the third parties in the course of
			ing Consumer Reports and n in order to be considere	d Investigative Consumer Reports must ed for employment.
Signature of Applicant			Date	Last Four Digits of SSN
				e r and participates in E-Verify d, color, religious belief, sex, age national origin,

ancestry, physical or mental handicap, or veteran's status.