



Claremont Graduate University

APPLICATION FOR EMPLOYMENT

Date: _____

Please print clearly in ink and complete all information requested

Name:

Last

First

M. I.

Street Address:

City:

State:

Zip:

Previous Address: (Complete only if at current address less than 2 years)

City:

State:

Zip

Home Phone #: ()

Message Phone #: ()

Preferred Contact #: ()

POSITION DESIRED

(A separate application must be provided for each position in which you are interested.)

Position Applying for: _____ Posting Number: _____

Date Available: _____ Minimum Desired Pay: _____

How did you learn of this position? ___ CGU Website ___ CGU Job Posting ___ Newspaper ___ Other
Please List: _____

PERSONAL INFORMATION

1. If hired, can you present evidence of your U.S. citizenship or proof of your legal right to live and work in the United States? 1. Yes No
2. Are you at least 18 years of age or older? If "no," a work permit may be required. 2. Yes No
For reference purposes, have you worked or attended school under a former name?
If yes, please list former name(s): _____
3. Have you ever worked for The Claremont Colleges? If yes, which college? _____ 3. Yes No
4. Are any relatives or members of your household currently employed at this institution? 4. Yes No
If yes, give full name and position. _____
5. Are you able to perform the essential functions of the position applied for, either with or without reasonable accommodation? 5. Yes No
6. Have you ever been discharged from any employment, asked to resign or advised that if you did not resign, your employment would be terminated? If yes, please explain. 6. Yes No

We are an equal opportunity employer and do not unlawfully discriminate in employment. No question on this application is used for the purpose of limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Equal access to employment, services, and programs is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should contact the Human Resources Office.

EDUCATION AND TRAINING

Type of School	Name and Location	No. of Years Completed	Did You Graduate?	Major & Degree
High School/ GED/CHSPE			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Business/Trade or Technical School			<input type="checkbox"/> Yes <input type="checkbox"/> No	
College(s) or University(ies)			<input type="checkbox"/> Yes <input type="checkbox"/> No	

Are you attending school now? Yes No

Name/Course of Study:

SPECIAL SKILLS

Licenses/Certificates:

Answer only if position applied for requires a driver's license.

Do you have a valid driver's license issued by the
State of California? Yes No

Keyboarding WPM:

Computer Programs:

Special Equipment:

List Foreign Language(s) (optional):

Speak _____ Read _____ Write _____ Interpret and/or translate _____

Do you have any other experience, training, qualifications or skills, which you feel, make you especially suited for the position applied for?

Yes No If yes, please explain.

EMPLOYMENT HISTORY

For the last 10 years, starting with most recent, list each job held and account for all periods of unemployment. Attach additional sheets if necessary. You must complete this section even if attaching a résumé.

EMPLOYER: _____ May we contact this employer: Yes No

Address: _____ Phone: _____

Supervisor's Name: _____ Phone: _____

Date Started: _____ Date Left: _____

Title or Position: _____

Duties and Responsibilities: _____

Reason for Leaving: _____

Account for periods of unemployment between jobs: _____

EMPLOYER: _____ May we contact this employer: Yes No

Address: _____ Phone: _____

Supervisor's Name: _____ Phone: _____

Date Started: _____ Date Left: _____

Title or Position: _____

Duties and Responsibilities: _____

Reason for Leaving: _____

Account for periods of unemployment between jobs: _____

EMPLOYER: _____ May we contact this employer: Yes No

Address: _____ Phone: _____

Supervisor's Name: _____ Phone: _____

Date Started: _____ Date Left: _____

Title or Position: _____

Duties and Responsibilities: _____

Reason for Leaving: _____

Account for periods of unemployment between jobs: _____

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EMPLOYER: _____ May we contact this employer: Yes No

Address: _____ Phone: _____

Supervisor's Name: _____ Phone: _____

Date Started: _____ Date Left: _____

Title or Position: _____

Duties and Responsibilities: _____

Reason for Leaving: _____

Account for periods of unemployment between jobs: _____

CERTIFICATION

Important, please read carefully and sign.

I hereby certify that the information on this application and all other information otherwise provided are true and correct. I understand that any misrepresentations or omissions will be sufficient cause for cancellation of this application or immediate termination of employment if I am employed, whenever it may be discovered.

If I am employed, I acknowledge that there is no specified length of employment and that this application does not constitute an agreement or contract for employment. Accordingly, either I or the institution can terminate the relationship at will, with or without cause, at any time. I further acknowledge that the only manner in which the "at will" nature of the employment relationship can be altered is by means of a specific written agreement signed by me and the institution's President or Chief Executive Officer.

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

Applicant's Signature _____ Date: _____