



*** APPLICATION FOR CLASSIFIED EMPLOYMENT ***

LAST	FIRST	MI	SOCIAL SECURITY NUMBER	HOME PHONE	OTHER PHONE(S)
NAME:					

CURRENT ADDRESS:	CITY	STATE	ZIP
DATE AVAILABLE FOR EMPLOYMENT:	NOTICE REQUIRED	MINIMUM SALARY REQUIREMENTS	

POSITION APPLYING FOR: FULL TIME [] PART TIME []

NAMES OF RELATIVES EMPLOYED AT GORDON COLLEGE:

EDUCATION	NAME OF SCHOOL	CIRCLE YEAR COMPLETED	YEARS (FROM-TO)	GRADUATE	YEAR	DEGREE EARNED
HIGH SCHOOL		8 9 10 11 12				
COLLEGE		FR. SO. JR. SR.				
GRAD SCHOOL						
VOC/TECH SCHOOL						
MAJOR COURSES						

PREVIOUS EMPLOYMENT RECORD

EMPLOYMENT DATES		NAME OF ORGANIZATION	ADDRESS	POSITION HELD	SUPERVISOR	SALARY	REASON FOR LEAVING
FROM	TO						

NAMES OF PROFESSIONAL REFERENCES WHO HAVE KNOWLEDGE OF YOUR WORK EXPERIENCE	ADDRESS	PHONE	OCCUPATION

BRIEFLY DESCRIBE MAJOR DUTIES OF POSITION(S) PREVIOUSLY HELD AND FURTHER DETAILS OF QUALIFICATIONS:

***GORDON COLLEGE APPLICATION FOR CLASSIFIED EMPLOYMENT ***

COMPUTER SOFTWARE EXPERIENCE :	INDICATE SKILL LEVEL:	Beginner	Intermediate	Advanced

All information below will be kept confidential and will be used for record keeping or for compliance with Federal regulations only.

Optional Information: Do you wish to inform us of any special needs?	In case of emergency notify: Name _____ Address _____ Telephone () _____
---	---

The facts set forth above in my application are true and complete to the best of my knowledge. I understand that if employed, false statements on this application shall be considered sufficient cause for dismissal. I understand that employment will be contingent upon a successful background check and proof of eligibility to work in the United States prior to employment. I also understand that a skills test may be required.

I authorize the college to contact my references and former employers and to make any investigations into my personal history. I further authorize my prior employers to verify the information given on this application and the application interview process.

If employed, I agree to serve to the best of my ability and abide by the policies established by Gordon College. I understand that all classified employees are required to serve the first six months of employment in the University System on a provisional basis to provide the college an opportunity to evaluate the employee's performance. I further understand that if my work is not satisfactory during this provisional period, I may be terminated without right of appeal.

Signed

Date

FOR INTERNAL USE ONLY: