

# Application for Employment

## Bergamo Center for Lifelong Learning

4430 Shakertown Road

Beavercreek, OH 45430

Telephone: 937-426-2363 Fax: 937-426-1090

Equal access to programs, services, and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Please List Your Other Addresses in the **last Seven (7) Years:**

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Telephone Number: (\_\_\_\_\_) \_\_\_\_\_

Cell Phone Number: (\_\_\_\_\_) \_\_\_\_\_

Social Security Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Position(s) applied for: \_\_\_\_\_

Referral Source:  Advertisement  Employee  Relative  Government Employment Agency  
 Walk-in  Private Employment Agency  Other:

Name of source (if applicable): \_\_\_\_\_

Have you previously been employed here or at another Marianist Province location? .....  Yes  No

If yes, give date(s): From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_ Position: \_\_\_\_\_

Date available for work: \_\_\_\_/\_\_\_\_/\_\_\_\_ Salary Requirement \$ \_\_\_\_\_

Type of employment desired:  Full-Time  Part-Time  Per Diem  Temporary  Seasonal

Are you able to meet the attendance requirements of the positions? .....  Yes  No

Are you able to meet the qualifications, duties, physical demands & requirements of the positions? ....  Yes  No

Will you work overtime if required? .....  Yes  No

If no, please explain: \_\_\_\_\_

## EMPLOYMENT HISTORY

Please list your employment history for the last ten years. Attach additional sheet(s) if necessary.

Employer: \_\_\_\_\_ Telephone #: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Dates Employed: From: \_\_\_\_\_ to: \_\_\_\_\_

Starting Job Title: \_\_\_\_\_ Final Job Title: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_ May we contact for reference?  Yes  No

Summarize the type of work performance and job responsibilities: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for Leaving: Voluntary  Involuntary  \_\_\_\_\_

Employer: \_\_\_\_\_ Telephone #: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Dates Employed: From: \_\_\_\_\_ to: \_\_\_\_\_

Starting Job Title: \_\_\_\_\_ Final Job Title: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_ May we contact for reference?  Yes  No

Summarize the type of work performance and job responsibilities: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for Leaving: Voluntary  Involuntary  \_\_\_\_\_

Employer: \_\_\_\_\_ Telephone #: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Dates Employed: From: \_\_\_\_\_ to: \_\_\_\_\_

Starting Job Title: \_\_\_\_\_ Final Job Title: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_ May we contact for reference?  Yes  No

Summarize the type of work performance and job responsibilities: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for Leaving: Voluntary  Involuntary  \_\_\_\_\_

**Comments:** Include explanation of any gaps in employment: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SKILLS and QUALIFICATIONS**

Summarize any special training, skills, licenses, and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EDUCATIONAL BACKGROUND**

List last three (3) schools attended, starting with most recent.

School Name: \_\_\_\_\_ Number of Years Completed: \_\_\_\_\_  
Degree Diploma: \_\_\_\_\_ Major: \_\_\_\_\_ Minor: \_\_\_\_\_

School Name: \_\_\_\_\_ Number of Years Completed: \_\_\_\_\_  
Degree Diploma: \_\_\_\_\_ Major: \_\_\_\_\_ Minor: \_\_\_\_\_

School Name: \_\_\_\_\_ Number of Years Completed: \_\_\_\_\_  
Degree Diploma: \_\_\_\_\_ Major: \_\_\_\_\_ Minor: \_\_\_\_\_

**REFERENCES**

List names and telephone number of three business/work/ references who are not related to you, one of whom has been your immediate supervisor. If not applicable, list three school or professional references that are not related to you.

Name: \_\_\_\_\_ Phone ( ) \_\_\_\_\_ Relationship: \_\_\_\_\_ # Yrs. Known \_\_\_\_\_  
Name: \_\_\_\_\_ Phone ( ) \_\_\_\_\_ Relationship: \_\_\_\_\_ # Yrs. Known \_\_\_\_\_  
Name: \_\_\_\_\_ Phone ( ) \_\_\_\_\_ Relationship: \_\_\_\_\_ # Yrs. Known \_\_\_\_\_  
Name: \_\_\_\_\_ Phone ( ) \_\_\_\_\_ Relationship: \_\_\_\_\_ # Yrs. Known \_\_\_\_\_

**ADDITIONAL INFORMATION**

List any additional information including leadership roles that you feel is important we are aware of or we should consider:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**APPLICATION STATEMENT**

I certify that all information I have provided in order to apply for and secure work with the Marianists (hereafter named "the employer") is true, complete, and correct.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) cancel further consideration of this application, or (ii) immediately discharge me from the employer's service, whenever it is discovered.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in the application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using such information in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that the employer does not unlawfully discriminate in employment and no questions on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state or federal law. I understand and agree that upon a conditional offer of employment, as part of my employment application and consideration, I understand and will consent to participate in any testing programs if requested. I further understand and agree that the results of such testing will be used by the Marianists in its consideration of my employment application; or may be used to refuse an employment offer; or to withdraw any offer of employment previously made.

I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's representative.

I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States, and that federal immigration laws require me to complete an I-9 Form in this regard.

**DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.**

**I certify that I have read, fully understand, and accept all terms of the foregoing Applicant Statement.**

Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**ADDITIONAL EMPLOYMENT HISTORY**  
Please list your employment history for the last ten years.

Employer: \_\_\_\_\_ Telephone #: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Dates Employed: From: \_\_\_\_\_ to: \_\_\_\_\_

Starting Job Title: \_\_\_\_\_ Final Job Title: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_ May we contact for reference?  Yes  No

Summarize the type of work performance and job responsibilities: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for Leaving: Voluntary  Involuntary  \_\_\_\_\_

Employer: \_\_\_\_\_ Telephone #: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Dates Employed: From: \_\_\_\_\_ to: \_\_\_\_\_

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Address: \_\_\_\_\_  
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