

Applicants are considered for all positions based on merit and without regard to race, color, religion, age, gender, disability, national origin, marital status, or sexual orientation.

Applicant Information

Full Name:	
Street Address:	
City, State, Zip:	
Phone w/Area Code:	E-mail Address:

Employment Information

Position applied for:			
Date available to work:	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time	<input type="checkbox"/> Temporary
Are you prevented from lawfully becoming employed in the USA because of Visa or Immigration Status?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
If you are under 18 years of age, can you furnish a work permit?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Have you ever worked for Franklin College? If so, when?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Have you or any family members taken classes at Franklin College? Yes <input type="checkbox"/> No <input type="checkbox"/>
Do any of your relatives work here?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, state name, relationship, and department:
Have you ever been convicted of a felony?	YES* <input type="checkbox"/>	NO <input type="checkbox"/>	*Explain:
Are you currently employed?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	May we contact your present employer? YES <input type="checkbox"/> NO <input type="checkbox"/>

Education

School	Name & Location of School	Major / Course of Study	Years Completed	Diploma / Degree
High School			<input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12	
College				
Other				

Please list any additional skills, professional or technical knowledge, honors or professional achievements that would enhance or support this application for employment.

References

List name, title, employer and telephone number of three (3) business/work related references who are NOT related to you.
1.
2.
3.

Employment History

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disability or other protected status.

Employer:	Dates employed:	From	To
Address:	Salary:	Start	End
Phone:	Job Title:		
Reason for leaving:			
Describe work performed and significant accomplishments:			

Employer:	Dates employed:	From	To
Address:	Salary:	Start	End
Phone:	Job Title:		
Reason for leaving:			
Describe work performed and significant accomplishments:			

Employer:	Dates employed:	From	To
Address:	Salary:	Start	End
Phone:	Job Title:		
Reason for leaving:			
Describe work performed and significant accomplishments:			
I understand Franklin College is a tobacco free environment as of July 1, 2011. I will comply with the Tobacco Free Policy. Please initial here:_____			

Disclaimer and Signature

I certify that all information I have provided in order to apply for and secure work with Franklin College is true, complete and correct. I understand that information provided by me that is found to be false, incomplete or misrepresented in any respect will be sufficient cause to 1) cancel further consideration of this application, or 2) be immediately discharged from the service of Franklin College.

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

I understand that if employed by the College, payment of earnings shall only be made by direct deposit by electronic transfer to the personal checking or savings account of a financial institution designated by me, that I consent to such transfer, and that it is my responsibility to maintain such account to accept such transfer as a condition of employment with the College.

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 federal immigration laws require me to complete an I-9 Form in this regard.

I understand that this application is not, and is not intended to be, a contract of employment and that any resulting employment is for no fixed period of time and is terminable at any time and for any reason by me or by Franklin College. I further understand that statements which may be contained in policies, practices, handbooks or other material do not create any guarantee of employment and that Franklin College has the right to modify, amend or terminate policies, practices, benefits plans or other programs within the limits and requirements imposed by law. I understand that no representative of Franklin College, other than the President of the College, has the authority to enter into any agreement for any specific period of time or to make any agreement contrary to the foregoing and that any such agreement must be in writing to be binding.

I CERTIFY THAT I HAVE READ, FULLY UNDERSTAND AND ACCEPT ALL TERMS OF THE FOREGOING APPLICATION STATEMENT.

Signature of Applicant: _____ Date: _____