WASHINGTON COLLEGE

Application for Employment

Name: _____

Date: _____

Office of Human Resources

300 Washington Avenue • Chestertown MD 21620
PHONE 410.778.7298 • FAX 410.778.7254
EMAIL hr@washcoll.edu
WEB hr.washcoll.edu

Application For Employment

Washington College Is An Equal Opportunity Employer

Washington College does not discriminate on the basis of race, sex, color, national or ethnic origin, age, religion, marital status, disability, sexual orientation, genetic information, or any other legally protected classification in the administration of any of its educational programs and activities or with respect to admission and employment.

Instructions: ALL ARE FIELDS REQUIRED. Please print clearly. Review application for completeness and accuracy before submission. Washington College will begin considering applications immediately and all positions will remain open until filled.

I. APPLICANT INFORMATION

Name of Applicant:
Proper Name Required

_____ _____ _____ _____
First Name Middle Last Name Suffix

Home Address:

_____
Street Address or P.O. Box

_____
City State Zip

Primary Phone: (_____) _____-_____	Secondary Phone: (_____) _____-_____
Primary Email Address:	Secondary Email Address:

Do you possess a valid driver's license? ☐ No ☐ Yes State:_____ Number:_____

Have you ever been convicted of a felony? (Do not include expunged records or minor offences*) Conviction will not necessarily disqualify an applicant for employment.* ☐ No ☐ Yes

If yes, please explain:_____

II. POSITION INFORMATION

Position for which you are applying:

Are you available to work: ☐ Full Time ☐ Part Time ☐ Temporary ☐ Shift Work ☐ Summer

On what date would you be available for work?

How did you hear about Washington College?
☐ Advertisement ☐ Friend/Relative ☐ Walk-In ☐HR Website ☐ Other

Have you ever been employed with us before?
☐ No ☐ Yes Department_____Year Started_____ Year Ended_____

III. QUALIFICATIONS

All Washington College positions require a minimum a High School Diploma or G.E.D. Equivalent. Applications will only be accepted from those who meet the minimum qualifications.

Do you have a High School Diploma? (Required)
☐ Yes, I have a high school diploma Name of High School:_____ Year graduated:_____
High School Location; City:_____ State:_____ Zip:_____
☐ No, I do not have a high school diploma

Do you have a G.E.D. equivalent? (Required)
☐ Yes, I have a G.E.D. equivalent State in which G.E.D. was completed:_____ Year completed:_____
G.E.D Program Location; City:_____ State:_____ Zip:_____
☐ No, I do not have a G.E.D. equivalent

IV. EDUCATION

List all institutions attended. Attach a separate sheet if necessary. Only job-related education will be considered.

School Name and Location	Number of Years Completed/Credits Earned	Majors Subjects Studied	Degree Received	Year Degree Earned
Undergraduate College or University:				
Graduate School (Masters Level):				
Graduate School (Doctorate Level):				
Other Educations (e.g. Trade or Business):				

V. EMPLOYMENT HISTORY *List most recent first. Attach additional page if necessary.*

Are you currently employed? ☐ No ☐ Yes | May we contact your present employer? ☐ No ☐ Yes

Current Employer:	Current Position:	Status: ☐ Full Time ☐ Part Time
Supervisor:	Location:	Phone Number:

Dates Employed		Hourly/Annual Salary	
From (M/Y):	To (M/Y):	Starting:	Final:
Work Performed:		Why You Wish to Leave:	

Former Employer:	Position:	Status: ☐ Full Time ☐ Part Time
Supervisor:	Location:	Phone Number:

Dates Employed		Hourly/Annual Salary	
From (M/Y):	To (M/Y):	Starting:	Final:
Work Performed:		Reason for Leaving:	

Former Employer:	Position:	Status: ☐ Full Time ☐ Part Time
Supervisor:	Location:	Phone Number:

Dates Employed		Hourly/Annual Salary	
From (M/Y):	To (M/Y):	Starting:	Final:
Work Performed:		Reason for Leaving:	

Former Employer:	Position:	Status: ☐ Full Time ☐ Part Time
Supervisor:	Location:	Phone Number:

Dates Employed		Hourly/Annual Salary	
From (M/Y):	To (M/Y):	Starting:	Final:
Work Performed:		Reason for Leaving:	

APPLICANT'S STATEMENT

I. I certify that the information given herein is correct and complete to the best of my knowledge. I understand that any deliberate falsification, misrepresentation, or omissions of fact on this application or during the employment interview may be grounds for rejection of my application or dismissal from subsequent employment.

I authorize investigation of all statements contained in this application for employment in arriving at an employment decision. Further, I release from liability the College and all representatives of the College involved in the process of reviewing my application. I further release from liability former employers or other persons contacted to provide information to the College. I understand that nothing in this application is intended to imply or create an employment relationship or contract of employment. I further understand that, if hired, my employment is at-will, and Washington College reserves the right to terminate employment at any time, with or without notice, for any reason.

This application for employment shall be considered active for 90 days. Any applicant wishing to be considered for employment beyond this time should inquire as to whether or not applications are being accepted at that time.

_____ _____

Signature of Applicant Date

II. Under Maryland law an employer may not require or demand, as a condition of employment, prospective employment, or continued employment, that an individual submit to or take a lie detector or similar test. Any employer who violates this provision is guilty of a misdemeanor and subject to a fine of $100.

I have read and understand the above statement.

_____ _____

Signature of Applicant Date

III. Washington College prohibits possession, use, or distribution of illegal drugs and illegal or unauthorized use of alcohol by employees in the work place. Violations may result in action by law enforcement officials, disciplinary action up to, and including termination of employment and/or mandatory participation in a substance abuse rehabilitation program. By Federal law, Washington College must be notified within five (5) days of any employee's conviction under criminal drug statutes.

The possession, storage or use of fireworks, firearms, ammunition or explosives is prohibited at any time for any purpose at any place on campus or other property of Washington College.

I have read and understand the above statements and acknowledge that, if hired, use of drugs and illegal and/or unauthorized use of alcohol in the work place, and the possession of firearms are prohibited as a condition of employment at Washington College.

_____ _____

Signature of Applicant Date

Washington College
Office of Human Resources
300 Washington Avenue
Chestertown, MD 21620

Telephone: (410) 778.7260
Fax: (410) 778.7254

AUTHORIZATION FOR BACKGROUND CHECK RELEASE OF INFORMATION

_____
Last Name First Name Middle Name

Address: _____

_____

Social Security Number: _____

Date of Birth: _____

I understand that if Washington College Office of Human Resources offers me a position, Washington College will conduct a background check to be used solely for employment-related purposes. I understand that an offer of employment from Washington College will be contingent on the receipt and evaluation of the background check report. If offered employment, Washington College will use the information provided in this document along with any additional information necessary to permit a background check. Failure to provide consent or the required information after receipt of a conditional offer of employment will result in the withdrawal of the offer. I understand that if Washington College hires me, my consent will continue to be effective throughout my tenure to the extent permitted by law.

I have carefully read and understand this Background Check Consent Statement and, by my signature below, consent to the release of background check reports to Washington College Office of Human Resources authorized by this Statement. This Background Check Consent Statement in original, faxed, photocopied, or electronic form will be valid for any such reports that Washington College may request.

Applicant's Name Printed: _____

Applicant's Signature: _____

Date: _____

WASHINGTON COLLEGE
PRE-EMPLOYMENT DECLARATION

Confidentiality Provisions
Unless stated otherwise in the vacancy announcement, I understand that application materials remain confidential throughout the application process until I provide written authorization for their public release; provided, however, that if I accept an employment interview, I hereby authorize the public release of application materials.

Certification of Application Materials
I certify that all application materials submitted are accurate and complete representations of my credentials and qualifications. I understand that any falsification, misrepresentation, or material omission in my application materials (including this declaration or subsequent verbal representations) or making other false or fraudulent representations in securing employment may be grounds for disqualification of my candidacy or (if discovered after the date of hire) invalidation of any employment contract and separation from employment without recourse or appeal.

Acceptance & Evaluation of Educational Records
I understand that Washington College accepts only degrees that are issued by an institution accredited by a regional, national, professional, or specialized accrediting body and that the College may require that degrees issued outside the U.S. must be evaluated for equivalency to U.S. degrees at my expense.

Name in which degree(s) issued (if different): _____

Eligibility to Work in the United States
I understand that eligibility to work in the United States will be verified upon employment. I understand that it is my responsibility to obtain and/or maintain eligibility to work at my expense and that loss of eligibility to work at any future date will automatically invalidate my employment contract and may result in separation from employment without recourse or appeal.

Certification or Disclosure of the Employment of Relatives
Unless disclosed below, I certify that I am not related by blood, marriage, or affinity to a member of the governing board or any person employed by the institution to which I am applying. (Include name, title, & relationship of relative.)

☐ I am related to the following employee(s) ☐ I am not related to a current employee

List details: _____

_____

_____

Authorization to Verify Application Materials
My signature below authorizes Washington College to verify all of my educational, employment, and other application materials, prior to or following employment. Facsimiles or photocopies of this authorization shall be deemed as valid as the original.

Acknowledgement of College Policies
If I accept employment at Washington College, I hereby acknowledge constructive receipt of and agree to comply with College policies, as may be revised from time to time.

_____ _____
Signature Date

Return Application to:

Physical Location:
Office of Human Resources
Washington College
500 Washington Avenue
Chestertown, MD 21620

Mailing Address:
Office of Human Resources
Washington College
300 Washington Avenue
Chestertown, MD 21620