

Name: _____

Washington College

Application for Employment

Date: _____



George Washington
WASHINGTON COLLEGE
FIRST COLLEGE CHARTERED IN THE NEW NATION

300 Washington Avenue
Chestertown, Maryland 21620
410.778.7298
<http://hr.washcoll.edu>

APPLICATION FOR EMPLOYMENT

Washington College Is An Equal Opportunity Employer

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, disability unrelated in nature and extent so as to reasonably preclude the performance of the employment or handicap, or any other legally protected status.

Please print

Name: (Last)	(First)	(Middle)
Address: Street	City	State Zip
Telephone Number(s):		
Position(s) For Which You Are Applying:		Date of Application:
How did you learn about us?		
Advertisement <input type="checkbox"/>	Friend/Relative <input type="checkbox"/>	Walk-In <input type="checkbox"/> HR Website <input type="checkbox"/> Other <input type="checkbox"/>

I understand that if I am under 18 years of age I may be required to obtain a valid work permit. Please initial to indicate you understand the requirement.

Have you ever been employed with us before? Yes No

Are you currently employed? Yes No

May we contact your present employer? Yes No

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

On what date would you be available for work? _____

I understand, as a condition of any offer of employment, I am required by federal law to provide documentary evidence of identity and authorization to work in the United States, and to certify that I am authorized to work in the United States. Please initial to indicate you understand the requirement.

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

Have you been convicted of a felony within the last 7 years? Yes No
 (Do not include expunged records or minor traffic offenses) Conviction will not necessarily disqualify an applicant from employment.

If yes, please explain: _____

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	Major Subjects Studied	Degree Received	Credits Earned
Grade School:				
High School or G.E.D.:				
College or University:				
Graduate School:				
Other Education (e.g. Trade or Business):				

Special Skills, Certificates, or Job Related Qualifications:

Employment (list most recent first). If additional space is required, attach additional page or resume.

Current Employer:		Telephone Number(s):		Dates Employed	
				From (M/Y):	To (M/Y):
Address:		Position:	Supervisor:		Hourly/Annual Salary
Work Performed:				Starting:	Final:
Why you wish to leave:				Full Time:	Part-Time:
Former Employer:		Telephone Number(s):		Dates Employed	
				From (M/Y):	To (M/Y):
Address:		Position:	Supervisor:		Hourly/Annual Salary
Work Performed:				Starting:	Final:
Reason for leaving:				Full Time:	Part-Time:
Former Employer:		Telephone Number(s):		Dates Employed	
				From (M/Y):	To (M/Y):
Address:		Position:	Supervisor:		Hourly/Annual Salary
Work Performed:				Starting:	Final:
Reason for leaving:				Full Time:	Part-Time:
Former Employer:		Telephone Number(s):		Dates Employed	
				From (M/Y):	To (M/Y):
Address:		Position:	Supervisor:		Hourly/Annual Salary
Work Performed:				Starting:	Final:
Reason for leaving:				Full Time:	Part-Time:

Applicant's Statement

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

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.

Signature of Applicant

Date

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

Return Application to:

Human Resources Department
Washington College
300 Washington Avenue
Chestertown, MD 21620

FOR HUMAN RESOURCES USE ONLY

No Positions Available - Placed in Active File _____

Arrange for Interview Yes _____ No _____

Interviewed By _____ Date _____

Comments _____

Hired Yes _____ No _____

Job Title _____

Date of Employment _____ Hourly Rate/Salary _____



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