

# BRYN MAWR COLLEGE

## Application For Employment

*We are an equal opportunity employer - male/female. Applications are considered without regard to race, religion, national origin, color, sex, age, marital or veteran status or the presence of any non-job related medical conditions or disabilities.*

### General Information

Date of Application: \_\_\_\_\_

Name:

LAST

FIRST

MIDDLE

Address:

NO. & STREET

CITY

STATE

ZIP

Telephone Number: (    ) \_\_\_\_\_

### Education

School	Name/Address	Course Studied	Last year Completed	Graduated		Date Diploma Received
				Yes	No	
High School						
College						
Other						

### Special Skills and Qualifications

Please list any special skills/qualifications:

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**Employment Experience- Please list current or most recent employer first:**

Employer: \_\_\_\_\_ Tel No. ( ) \_\_\_\_\_

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

Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Responsibilities: \_\_\_\_\_

Dates of Employment From: \_\_\_\_\_ To: \_\_\_\_\_

Starting Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Employer: \_\_\_\_\_ Tel No. ( ) \_\_\_\_\_

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

Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Responsibilities: \_\_\_\_\_

Dates of Employment From: \_\_\_\_\_ To: \_\_\_\_\_

Starting Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Employer: \_\_\_\_\_ Tel No. ( ) \_\_\_\_\_

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

Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Responsibilities: \_\_\_\_\_

Dates of Employment From: \_\_\_\_\_ To: \_\_\_\_\_

Starting Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Employer: \_\_\_\_\_ Tel No. ( ) \_\_\_\_\_

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

Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Responsibilities: \_\_\_\_\_

Dates of Employment From: \_\_\_\_\_ To: \_\_\_\_\_

Starting Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

## **Personal Information**

Position(s) Applied For: \_\_\_\_\_

Are you applying for:       Full-Time    Part-Time    Temporary       Summer

When would you be available for work? \_\_\_\_\_ Salary Desired: \_\_\_\_\_

Have you previously applied for work at the College?  Yes    No   Date (If Yes) \_\_\_\_\_

Were you previously employed by the College?  Yes    No   Dates (If Yes): From : \_\_\_\_ To: \_\_\_\_

If you are under 18, do you have working papers?       Yes                       No

Are you legally authorized to live and work in the United States?  Yes    No

Have you ever been convicted of a crime?                       Yes                       No

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## **Acknowledgement by Applicant**

1. I understand that this application and any other College documents or statements are not intended as contracts of employment unless a specific document stating a precise term of employment is executed in writing by both the College and the employee.
2. I understand that I may be required and agree, as a condition of employment, to undergo an examination by a College approved medical doctor whose medical opinion will be considered by the College in determining my qualifications for employment.
3. I understand that I may be required, as a condition of employment, to maintain a valid driver's license for the state in which I reside, and that annual verification of this status will be conducted by the College.
4. I understand that I may be required, as a condition of employment, to authorize the College to conduct a criminal history verification.
5. I understand that I will be required, as a condition of employment, to present my social security card or a receipt from the Social Security Administration verifying that I have applied for my social security card, before I begin working.
6. I understand that the College is on a direct deposit system for payment of all wages. I further understand that I will be required, as a condition of employment, to establish an account into which the College will deposit my paycheck.
7. I further understand that if I am employed by the College in a Clerical/Technical or Service/Craft position, I will be a new employee for the first ninety working days and during that ninety-day period I may be terminated without notice or severance pay.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**BRYN MAWR COLLEGE**  
**Bryn Mawr, PA 19010-2899**

An essential portion of our review of your application is checking references from your current and former employers. To facilitate that process, we require that you read and sign the agreement below. Thank you for your cooperation

**REFERENCE RELEASE FORM**

**I attest that the information given on this application is true, correct, and complete without any omissions. I understand that any false information or omission in this application or failure to comply with any of the conditions of employment contained in this application will be grounds for refusal or termination of employment and agree that the College shall not be liable in any respect if my employment is terminated for falsity of statements or omissions or failure to comply with conditions of employment contained in this application.**

**I authorize companies, persons and schools to release information regarding my employment and qualifications. I hereby release the said companies, persons and schools from any liability for any damage for issuing this information.**

\_\_\_\_\_  
Signature

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

\_\_\_\_\_  
Date

**AFFIRMATIVE ACTION SURVEY:**

APPLICANTS ARE CONSIDERED FOR ALL POSITIONS WITHOUT REGARD TO RACE, RELIGION, NATIONAL ORIGIN, COLOR, SEX, AGE, MARITAL OR VETERAN STATUS OR THE PRESENCE OF NON-JOB RELATED MEDICAL CONDITIONS OR DISABILITIES.

AS AN EMPLOYER, WE COMPLY WITH GOVERNMENT REGULATIONS AND AFFIRMATIVE ACTION RESPONSIBILITIES. IN ORDER TO ASSIST US WITH OUR GOVERNMENTAL REPORTING, RECORDKEEPING, AND OTHER LEGAL REQUIREMENTS, PLEASE COMPLETE THIS AFFIRMATIVE ACTION SURVEY. YOUR COOPERATION IS GREATLY APPRECIATED.

THIS DATA WILL BE KEPT SEPARATELY FROM YOUR APPLICATION IN A CONFIDENTIAL FILE.

POSITION(S) APPLIED FOR: \_\_\_\_\_ DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

REFERRAL SOURCE:

FRIEND \_\_\_\_\_

RELATIVE \_\_\_\_\_

EMPLOYMENT AGENCY \_\_\_\_\_

WALK-IN \_\_\_\_\_

BRYN MAWR COLLEGE EMPLOYEE \_\_\_\_\_

ADVERTISEMENT \_\_\_\_\_

OTHER \_\_\_\_\_ (please specify)

OTHER \_\_\_\_\_ (please specify)

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THIS INFORMATION IS FOR ANALYSIS AND AFFIRMATIVE ACTION PURPOSES ONLY. SUBMISSION OF THIS INFORMATION IS VOLUNTARY.

CHECK ONE: MALE \_\_\_\_\_ FEMALE \_\_\_\_\_

CHECK ONE OF THE FOLLOWING ETHNIC GROUPS:

AFRICAN AMERICAN \_\_\_\_\_

HISPANIC \_\_\_\_\_

NATIVE AMERICAN \_\_\_\_\_

WHITE, NON-HISPANIC \_\_\_\_\_

ALASKA NATIVE \_\_\_\_\_

ASIAN \_\_\_\_\_

PACIFIC ISLANDER \_\_\_\_\_

OTHER \_\_\_\_\_

CHECK IF ANY OF THE FOLLOWING ARE APPLICABLE:

VIETNAM ERA VETERAN \_\_\_\_\_

DISABLED VETERAN \_\_\_\_\_

PERSON WITH DISABILITY \_\_\_\_\_

(Covered under ADA)

YOUR NAME: \_\_\_\_\_  
LAST FIRST MIDDLE