



Grinnell College is an equal opportunity/affirmative action employer committed to employing a highly qualified staff which reflects the diversity of the nation. No applicant shall be discriminated against on the basis of race, national or ethnic origin, age, gender, sexual orientation, marital status, religion, creed or disability.

APPLICATION FOR EMPLOYMENT (Facilities Management)

PERSONAL DATA

			Date of Application	
First Name		Middle Initial	Last Name	
Address		City	State	Zip
Home Phone	Message Phone		e-mail	
Are you age 18 or older? <input type="checkbox"/> yes <input type="checkbox"/> no		Are you legally authorized to work in the U.S.? <input type="checkbox"/> yes <input type="checkbox"/> no		
Have you ever been convicted of a felony? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, please explain:				
Are you required to register as a sex offender in any jurisdiction? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, please explain:				

EMPLOYMENT INTERESTS

First Position Choice?	Second Position Choice?
Wage/Salary Desired?	Available Start Date?
Have you ever been employed by Grinnell College? <input type="checkbox"/> no <input type="checkbox"/> yes	If yes, when?
Are you available to work: <input type="checkbox"/> full-time <input type="checkbox"/> part-time <input type="checkbox"/> shift work	Shift preferred?
Do you have any restrictions on the days of the week or hours you can work? <input type="checkbox"/> no <input type="checkbox"/> yes	If yes, please explain

EMPLOYMENT HISTORY

Most Recent Employer	Address (Include City and State)	Telephone
Date Started	Starting Position	Starting Wage
Date Left	Position On Leaving	Ending Wage
Name and Title of Supervisor(s)	May we contact as a reference? <input type="checkbox"/> yes <input type="checkbox"/> no	
Description of Major Responsibilities		
Reason For Leaving		
Second Most Recent Employer	Address (Include City and State)	Telephone
Date Started	Starting Position	Starting Wage
Date Left	Position On Leaving	Ending Wage
Name and Title of Supervisor(s)	May we contact as a reference? <input type="checkbox"/> yes <input type="checkbox"/> no	
Description of Major Responsibilities		
Reason For Leaving		

Third Most Recent Employer	Address (Include City and State)	Telephone
Date Started	Starting Position	Starting Wage
Date Left	Position On Leaving	Ending Wage
Name and Title of Supervisor(s)		May we contact as a reference? <input type="checkbox"/> yes <input type="checkbox"/> no
Description of Major Responsibilities		
Reason For Leaving		

(If you would like to list additional employers, please attach a separate sheet.)

Briefly discuss any specific skills which would help qualify you for the type of work you are seeking.

EDUCATIONAL HISTORY

Type of School	Name and Location of School	Did you graduate?	Area of Study Major/Minor	Diploma or Degree Received
High School		<input type="checkbox"/> yes <input type="checkbox"/> no		
College/University		<input type="checkbox"/> yes <input type="checkbox"/> no		
College/University		<input type="checkbox"/> yes <input type="checkbox"/> no		
Other Relevant Training, Education or Certification		<input type="checkbox"/> yes <input type="checkbox"/> no		

PROFESSIONAL REFERENCES

Name, Occupation and Business Relationship	Company Name and Address	Telephone Number(s)
Name Occupation Business Relationship	Company Name Address	Telephone Number(s)
Name Occupation Business Relationship	Company Name Address	Telephone Number(s)
Name Occupation Business Relationship	Company Name Address	Telephone Number(s)

APPLICANT'S CERTIFICATION AND AGREEMENT

I hereby certify that all the statements and answers set forth on the application form and/or my resume are true and complete to the best of my knowledge. I understand that if I am employed, any such statements and/or answers are found false or that information has been omitted, such false statements or omissions will be just cause for the termination of my employment. I authorize Grinnell College to make an investigation of any of the facts set forth in this application.

I hereby authorize Grinnell College, to contact the references as well as present and previous employers listed on the Grinnell College application form. I also authorize the person or organizations listed on the application form to give information concerning my previous employment, education or any other information they may have, personal or otherwise, with regard to any of the subjects covered by the Grinnell College application form. I hereby release all such parties from liability for furnishing such information.

Applicant's Signature _____ Date _____
(MM/DD/YYYY)

This application will remain active for a period of ninety (90) days. If you wish to be considered for a position after that date, it will be necessary to reapply.

Effective July 1, 2008 the Iowa Smokefree Air Act prohibits smoking anywhere on the entire Grinnell College campus, including College owned or leased vehicles and vehicles parked in College parking lots. The new law imposes penalties for noncompliance on both the smoker and the institution in the event of a violation.

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How were you referred to Grinnell College?

Employee Friend/Relative

Name of Referral: _____

Newspaper Website/Internet

Name of Newspaper or Website: _____

Job Posting Other

Name of Source: _____