



APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

PERSONAL INFORMATION

Incomplete information could disqualify you from further consideration.

Name _____ Date _____

Address _____

E-mail Address _____

Home Phone # _____ Mobile Phone # _____

Are you eligible to work in the U.S? (Please select an answer) Yes No

Are you at least 18 years or older? Yes No (If no, you may be required to provide authorization to work.)

Can you work any shift? Yes No

Can you work overtime, including weekends? Yes No

EMPLOYMENT DESIRED

Date you can start: _____ Hourly Rate/Salary desired: _____

Position desired: _____

Are you currently employed? Yes No

If so may we inquire of your present employer? Yes No

REFERRAL SOURCE

How did you hear about us? WSCO Employee WSCO Website Referral Indeed Twitter Higher Ed Jobs LinkedIn Handshake Local Newspaper Ohio Means Jobs Facebook NursingJobs.com Advisory Committee Job Fair CUPA Television Walk In Other

Have you ever worked for Washington State College of Ohio (WSCO) before? Yes No

If Yes, please explain _____

Do you know anyone who works for WSCO? Yes No If yes, who? _____



EDUCATION (A resume may **NOT** be submitted in place of this section, but may be attached.)

Please check last year of formal education completed at each level:

Primary: 1 2 3 4 5 6 7 8 9 10 11 12

Secondary/College: 1 2 3 4

Other: 1 2 3 4

EDUCATION	Name and location of school	No. of yrs. Attended	Degree Received	Subjects studied/Major
High School				
College or University				
Graduate School(s)				
Trade, Business or Correspondence School				
Professional Certifications				



EMPLOYMENT HISTORY *Include your last seven (7) years of employment history, including periods of unemployment, starting with the most recent and working backwards in time. Incomplete information could disqualify you from further consideration.*

From	To	Employer Name	Telephone
Job Title		Address	
Immediate supervisor and title		Summarize the nature of work performed and job responsibilities	
Hourly Rate/Salary		Reason for leaving	

From	To	Employer Name	Telephone
Job Title		Address	
Immediate supervisor and title		Summarize the nature of work performed and job responsibilities	
Hourly Rate/Salary		Reason for leaving	

From	To	Employer Name	Telephone
Job Title		Address	
Immediate supervisor and title		Summarize the nature of work performed and job responsibilities	
Hourly Rate/Salary		Reason for leaving	

May we contact present employer(s) for references? Yes No
 May we contact previous employer(s) for references? Yes No



Do you have any special skills, experience and/or training that would enhance your ability to perform the position applied for? Yes No

If yes, explain. _____

Computer Skills (please describe): _____

REFERENCES Give the names of three persons not related to you, whom you have known at least three (3) years.

Name	Address, Phone, Email	Telephone	Years Known

Please read carefully before signing.

WSCO is an equal opportunity employer. WSCO does not discriminate in employment on account of race, color, religion, national origin, citizenship status, ancestry, age, sex (including sexual harassment), sexual orientation, marital status, physical or mental disability, military status or unfavorable discharge from military service.

I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for WSCO to hire me. If I am hired, I understand that either WSCO or I can terminate my employment at any time and for any reason, with or without cause and without prior notice. I understand that no representative of WSCO has the authority to make any assurance to the contrary.

I attest with my signature below that I have given to WSCO true and complete information on this application. No requested information has been concealed. I authorize WSCO to contact references provided for employment reference checks. If any information I have provided is untrue, or if I have concealed material information, I understand that this will constitute cause for the denial of employment or immediate dismissal.

Signature _____

Date: _____

THIS APPLICATION IS VALID ONLY FOR 60 DAYS FROM THE DATE SIGNED/DATED ABOVE.