



Prescott College

APPLICATION FOR EMPLOYMENT

220 Grove Avenue Prescott, AZ 86301 Phone: (928)350-4200 Email: jobs@prescott.edu

Equal access to programs, services, and employment is provided to all persons.

Applicants requesting reasonable accommodation to the hiring process should notify Human Resources.

APPLICATIONS ARE ACCEPTED FOR POSTED POSITIONS ONLY. A SEPARATE APPLICATION IS REQUIRED FOR EACH POSITION.
A CURRENT RESUME AND LETTER OF INTEREST ARE REQUIRED ALONG WITH A CURRENT APPLICATION.

POSITION APPLYING FOR

	DATE
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APPLICANT

LAST NAME	FIRST NAME	MI
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PERSONAL DATA

ADDRESS	CITY	STATE	ZIP CODE
PHONE NUMBER	EMAIL ADDRESS		
Are you legally eligible for employment in the United States? YES NO	Can you provide proof of your legal right to work in the United States? YES NO	Have you ever been employed by Prescott College? FROM TO YES NO	
Have you been convicted of a felony within the last seven (7) years? YES NO	If yes, please state the date of the conviction, the county and state, and the nature of the offense: (NOTE: Conviction does not necessarily disqualify applicant from employment.)		
Do you have a relative currently employed with the College? YES NO	If yes, please provide name of relative.		

JOB AVAILABILITY

DATE AVAILABLE TO WORK	TYPE OF EMPLOYMENT DESIRED			SALARY DESIRED
	FULL-TIME	PART-TIME	VARIABLE	\$

EDUCATION

SCHOOL	LOCATION CITY, STATE	DEGREE RECEIVED	GRAD DATE	MAJOR/MINOR
HIGH SCHOOL				
TECH/COLLEGE/UNIVERSITY				
TECH/COLLEGE/UNIVERSITY				
TECH/COLLEGE/UNIVERSITY				

HR USE ONLY

☐ Add To Tracking _____ ☐ Scanned

EMPLOYMENT

List your employment history (including military experience) beginning with your current or last position up to the last seven (7) years or the last 4 employers, whichever is greater. A resume and cover letter are required however they will not be accepted in lieu of a completed application. (Please feel free to add additional pages, if needed.)

EMPLOYER	ADDRESS	PHONE NUMBER
POSITION TITLE	SUPERVISOR	SUPERVISOR TITLE
DATES OF EMPLOYMENT FROM _____ TO _____		RATE OF PAY \$ _____ PER _____
DESCRIPTION OF WORK		
REASON FOR LEAVING		MAY WE CONTACT THIS EMPLOYER? ☐ YES ☐ NO

EMPLOYER	ADDRESS	PHONE NUMBER
POSITION TITLE	SUPERVISOR	SUPERVISOR TITLE
DATES OF EMPLOYMENT FROM _____ TO _____		RATE OF PAY \$ _____ PER _____
DESCRIPTION OF WORK		
REASON FOR LEAVING		MAY WE CONTACT THIS EMPLOYER? ☐ YES ☐ NO

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POSITION TITLE	SUPERVISOR	SUPERVISOR TITLE
DATES OF EMPLOYMENT FROM _____ TO _____		RATE OF PAY \$ _____ PER _____
DESCRIPTION OF WORK		
REASON FOR LEAVING		MAY WE CONTACT THIS EMPLOYER? ☐ YES ☐ NO

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POSITION TITLE	SUPERVISOR	SUPERVISOR TITLE
DATES OF EMPLOYMENT FROM _____ TO _____		RATE OF PAY \$ _____ PER _____
DESCRIPTION OF WORK		
REASON FOR LEAVING		MAY WE CONTACT THIS EMPLOYER? ☐ YES ☐ NO

PROFESSIONAL LICENSES AND/OR CERTIFICATIONS

LICENSE/CERTIFICATION	ORGANIZATION	CURRENT? (Y or N)	IF NOT CURRENT LIST REASON

PROFESSIONAL REFERENCES

NAME/TITLE	ORGANIZATION	TELEPHONE	RELATIONSHIP

APPLICANT AUTHORIZATION

"I certify that the facts contained in this application are true and complete to the best of my knowledge. I understand that, if employed, falsified statements and/or pertinent omissions on this application, in interviews, or in other information that I supplied, shall be grounds for dismissal. I authorize investigation of all statements contained herein; I authorize disclosure from all references and employers listed on this application to provide Prescott College representatives with any and all information concerning my present and previous employment and any pertinent information they may wish to share. I hereby release the College from all liability for any damage that may result from the utilization of such information. I understand and agree that if hired, my employment is "at will", no representative of the college has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized college representative."

SIGNATURE _____ DATE _____