



APPLICATION FOR EMPLOYMENT

955 La Paz Road • Santa Barbara, CA 93108-1099
Phone: (805) 565-6101 • Fax: (805) 565-7201 • hr@westmont.edu

*To be considered for employment
you must complete all **five** pages.*

Date: _____

Position desired: (1) _____ (2) _____ (3) _____

Name _____
Last First Initial

Address _____
Street City State Zip

Home Phone/Cell _____ or Business Phone _____ E-Mail address _____

Are you known to schools/references by another name? Yes No If yes, by what name? _____

How did you learn about this position? _____

Have you filed an application or been employed here before? Yes No

Date(s) & Position(s) _____

Type of employment sought? Full-Time Part-Time: Schedule _____ Temporary: Schedule _____ Weekends

Best time for an interview? _____

Do any of your friends or relatives work here? Yes No If yes, list name(s)/relationship(s) _____

Can you, after employment, submit verification of your legal right to work in the United States? Yes No

Have you ever been convicted of a crime? Yes No (Conviction will not necessarily disqualify an applicant from employment. Do not include marijuana related convictions more than 2 years old)

If yes, please describe, including date(s), nature of the offense and disposition of case. _____

Are you able to perform the essential functions of the position for which you are applying including regular attendance? Y Yes Y No

Employment Experience

List positions held, starting with your current or most recent employer and account for all periods of unemployment between jobs.

From _____ Mo/Yr _____ To _____ Mo/Yr _____ Hrs./Wk. _____ Start Rate: _____ Finish Rate: _____	Employer _____ Address _____ City, State, Zip _____ Supervisor's Name _____ Supervisor's Title _____ Supervisor's Current Phone # _____ Reason for Leaving: _____ _____ _____	Title and duties: _____ _____ _____ _____ _____ _____ _____
From _____ Mo/Yr _____ To _____ Mo/Yr _____ Hrs./Wk. _____ Start Rate: _____ Finish Rate: _____	Employer _____ Address _____ City, State, Zip _____ Supervisor's Name _____ Supervisor's Title _____ Supervisor's Current Phone # _____ Reason for Leaving: _____ _____ _____	Title and duties: _____ _____ _____ _____ _____ _____ _____
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May we contact the employers listed above for references? Yes No If no, indicate which one(s) you *do not* wish us to contact and the reason: _____

Personal References

List two references you have known at least one year, *excluding employers or relatives*.

Name	Relationship to Applicant	Years Acquainted	Phone No.
			Home: Work:
			Home: Work:

Educational Preparation

List in consecutive order each school attended starting with high school.

Name and Location of School	Major Studied	Degree Received?

Professional Experience

List presentations, published materials, awards and professional organizations of which you are a member. (You may omit those that indicate your race, color, gender, nationality, or ethnic origin.)

Skills

Typing _____ wpm Word Processing Data Entry _____ wpm Desktop Publishing

Other (Specify) _____

List software programs in which you are proficient: _____

Current license(s)/certification(s): _____

List foreign languages you speak, read, and/or write fluently: _____

Do you have any other background that you feel qualifies you for the position you are applying for? Please explain.

Authorization and Agreement

I authorize Westmont College to investigate my background, including all statements contained in this application and any supporting documents, in any of the following areas, based on the requirements of the job for which I am applying or for a job to which I may be promoted or reassigned in the future: employment, education, financial, medical and related areas. I hereby release all individuals, companies, corporations, schools, credit bureaus, and legal and governmental agencies from all liability in providing such information.

If I am offered employment, I will, as a condition of employment, be required to submit proof of my identity and legal right to work in the United States. I understand that I will be required to possess and present a valid California driver's license and an acceptable driving record if my job requires me to drive in the course of my work. If hired, I agree to abide by the policies and procedures of Westmont College.

I understand that if hired my employment will be what is commonly known as "at will" employment, and for no definite period. This means that the College or I may terminate the employment relationship for any reason, at any time. I understand and agree that the College retains the right to demote, transfer, and change my job duties and my compensation at any time with or without notice. I certify that all information on this application and any supporting documents is true and complete. I also understand that if hired, and such information is found to be false, misrepresented, or if information was omitted, it will be considered grounds for the termination of my employment if found at a later date.

I understand that no supervisor or manager may alter or amend the conditions described above, and that such conditions can only be altered or amended by a written agreement signed by the President of Westmont College.

Signature

Date

KROLL

DISCLOSURE AND AUTHORIZATION TO OBTAIN INFORMATION

In connection with my suitability for employment with _____ (“Company”), I authorize Company to request a consumer and/or investigative consumer report on me for employment purposes from **KROLL BACKGROUND AMERICA, INC.** (“Kroll”). Such reports may include, but are not limited to, information as to my character, general reputation, personal characteristics, and mode of living; discerned through employment and education verifications; personal references and interviews; my personal credit history based on reports from any credit bureau; my driving history, including any traffic citations; workers’ compensation records after a conditional job offer has been extended and to the extent permitted by law; a social security number trace; present and former addresses; criminal and civil history/records; and any other public record.

I authorize any person, business entity or governmental agency that may have information relevant to the above to disclose the same to Company and Kroll, including, but not limited to, any and all courts, public agencies, law enforcement agencies and credit bureaus. I authorize Company to share such information only with parties in interest who have a “need to know” such information to protect them and their employees. Kroll does not sell or otherwise provide any of the information found in its background investigations to any party other than the Company.

I understand that I am entitled to a complete and accurate disclosure of the nature and scope of any investigative consumer report of which I am the subject upon my written request to Kroll, if such is made within a reasonable time after the date hereof. I also understand that I may receive a written summary of my rights under 15 U.S.C. § 1681 et. seq. I agree that this authorization shall remain valid for the duration of my employment with Company. I certify that the information contained on this Authorization form is true and correct and that my application or employment may be terminated based on any false, omitted or fraudulent information.

Signature: _____ Date: _____

IDENTIFYING INFORMATION FOR CONSUMER REPORTING AGENCY

Last Name: _____ First Name: _____ Middle: _____

Other Names Used _____ Years Used _____

Current Address: _____

Street /P. O. Box City State Zip Code County Dates

Former Address: _____

Street /P. O. Box City State Zip Code County Dates

Social Security Number: _____ Daytime Phone Number: _____

E-mail Address: _____ Driver’s License Number: _____ State of Issuance: _____

*Date of Birth: _____ *Gender _____

For CA, MN & OK Residents Only: Please provide me with a copy of my background report YES: NO

For California residents: Under § 1786.22 of the California Civil Code, you may view the file maintained on you by Kroll. You may also obtain a copy of this file, upon submitting proper identification and paying the costs of duplication services, by submitting a request by mail, by appearing at Kroll’s offices in person during normal business hours and on reasonable notice, or you may also receive a summary of the file by telephone after submitting a written request. Kroll has trained personnel available to explain your file to you and will provide a written explanation of any coded information. If you appear in person, you may be accompanied by one other person, provided that person furnishes proper identification. Kroll is located at 1900 Church St., Suite 300, Nashville, TN 37203 and may be contacted at 800-697-7189.

*Providing year of birth and gender is strictly voluntary. This information will enable us to properly identify you in the event we find adverse information during the course of a background search.

Company ID: _____