



St. John's College
 Personnel Office
 P.O. Box 2800
 Annapolis, MD
 21404-2800
 410-626-2504

St. John's College Application for Employment

This application will be considered on a current basis as of the date received and only for the position identified. To apply for another position you must complete a new application. The fact that St. John's College accepts this application does not mean that an opening exists.

St. John's college is an equal opportunity employer and, in conformity with applicable laws, does not discriminate on the basis of race, marital status, color, religion, sex, national origin, ancestry, age, disability, or veteran status. No question on this application is intended to be used for such discrimination. Please advise us if any accommodations are required to assist you in the application process.

INSTRUCTIONS: Answer all questions to the best of your ability. Items that do not apply should be noted "N.A." in the appropriate blank. Information you provide will be used only to evaluate your candidacy for employment.

Position _____

Full Name _____

Address _____ Telephone _____

City _____ State _____ Zip _____

Education

School Level	Name of School	Years Completed	Degree
High School			
College			
Other			

Who referred you to St. John's College?

___ Newspaper Advertisement (Name) _____

___ Friend (Name) _____

___ Other _____

Employment Experience

Please list your last three employers:

Company Name					
Address		City	State	Zip	Phone
Starting Date	End Date	Job Title			
Salary/Hourly Rate		Name of Supervisor May we contact? Yes ___ No ___			
Describe the Nature of Work					
Reason for Leaving					

Company Name					
Address		City	State	Zip	Phone
Starting Date	End Date	Job Title			
Salary/Hourly Rate		Name of Supervisor May we contact? Yes ___ No ___			
Describe the Nature of Work					
Reason for Leaving					

Company Name					
Address		City	State	Zip	Phone
Starting Date	End Date	Job Title			
Salary/Hourly Rate		Name of Supervisor May we contact? Yes ___ No ___			
Describe the Nature of Work					
Reason for Leaving					

References

Name:	Phone	Business	Yrs Known

Military Service Record

Branch of Service	Discharge Date
Duties:	

Are you eligible to work in the U.S.? Yes No

Do you now, or will you at anytime in the future, require the College to sponsor you for work eligibility?
 Yes No

Date you are available to work _____

Have you been convicted of a crime in the last 10 years? Yes No If yes, give date, place and offense. (Nature of crime will be considered in relation to the position for which you are applying.)

For Personnel Office Use Only

Education	
Job 1	
Job 2	
Job 3	
SOR	
LIC	

Certification

I hereby affirm that my answer to the questions on this application are true and correct and that I have not withheld any fact or circumstance that would, if discovered, affect my application negatively. I understand that misrepresentation or omission of a fact called for in this application or any other related records may be cause for immediate dismissal. In addition, I authorize St. John’s College to verify any and all information contained in this application. I give permission for St. John’s College to obtain and review information pertaining to my background, without limitation. I request and authorize those entities contacted in connection with my application to provide St. John’s College with any and all information, which they believe, may be relevant. I release from any liability all individuals and organizations who provide information to St. John’s College in good faith concerning my qualifications and background. I further release St. John’s College and all representatives of St. John’s College from liability in connection with the investigation and evaluation of my application. I waive any claims that I might otherwise hereafter have against St. John’s College its agents and officials, or against anyone who provides such information.

I understand and agree that no representative of the College has any authority to enter into any agreement 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. I also understand that employment at the College is “at will” unless otherwise defined.

Signature _____ Date _____

“UNDER MARYLAND LAW, AN EMPLOYER MAY NOT REQUIRE OR DEMAND, AS A CONDITION OF EMPLOYMENT, PERSPECTIVE EMPLOYMENT, OR CONTINUED EMPLOYMENT, THAT AN INDIVIDUAL SUBMIT TO OR TAKE A LIE DETECTOR OR SIMILAR TEST. AN EMPLOYER WHO VIOLATES THIS LAW IS GUILTY OF A MISDEMEANOR AND SUBJECT TO A FINE NOT TO EXCEED \$100.”

Signature _____ Date _____