



MARYGROVE COLLEGE

8425 West McNichols Road
Detroit, Michigan 48221-2599
(313) 927-1206 Phone
(313) 927-1550 Fax

Please Print or Type

APPLICATION FOR EMPLOYMENT

Marygrove College is an equal opportunity employer and will not discriminate against any applicant on the basis of any characteristic that is protected by State or Federal Law. Michigan law requires that a person with a disability or handicap requiring accommodation to perform the essential duties of the job must notify the employer in writing within 182 days of the date that the need is known or should have been known.

Date of Application _____ Date Available _____

Name in Full _____
LAST FIRST MIDDLE

Position Applied For _____

Present Address _____
STREET
CITY STATE ZIP CODE Home Phone # _____

Work Phone # _____ E-mail Address _____

Social Security No. _____ If employed and under 18, can you furnish a work permit?
Yes No

Are you a U.S. Citizen or have authorization to work? Yes No
(Proof of citizenship or immigration status will be required upon employment)

Type of Employment desired Full-time Part-time Temporary
Are you employed now? Yes No May we contact your present employer? Yes No
Have you ever been employed here before? Yes No If yes, give dates _____
Name of relatives currently employed _____

For positions requiring driving:
Do you have a valid operator's license? Yes No
Moving violations or accidents in the past 3 years? Yes No
License Number _____ State _____

EDUCATIONAL BACKGROUND

	High School	College/University	College/University	Graduate School
School Name				
Location				
Years Completed: (Circle)	9 10 11 12	1 2 3 4	1 2 3 4	1 2 3 4
Dates of Attendance (From/To)				
Diploma/Degree				
Major				
Minor				

Describe any education or training you have had which is not covered above, such as vocational school, correspondence courses, service schools, in-service training, which you feel is relevant to the job for which you are applying. (Be Specific) _____

CLERICAL SKILLS AND EXPERIENCE (For Clerical Positions Only)

If applying for a position which requires typing skills, what is your current typing speed? _____

Shorthand or note taking skills? _____

List office machine(s) you have operated _____

Software you have used? _____

EMPLOYMENT HISTORY (List Current or Last Employer First)

1. Employer _____ Dates of Employment: From _____ To _____

Address _____

Job Title _____ Salary _____

Supervisor's name _____ Telephone # _____

Duties _____

Reason for Leaving _____

2. Employer _____ Dates of Employment: From _____ To _____

Address _____

Job Title _____ Salary _____

Supervisor's name _____ Telephone # _____

Duties _____

Reason for Leaving _____

3. Employer _____ Dates of Employment: From _____ To _____

Address _____

Job Title _____ Salary _____

Supervisor's name _____ Telephone # _____

Duties _____

Reason for Leaving _____

UNITED STATES MILITARY INFORMATION

Dates of Service: From _____ To _____ Branch Service _____

Description of duties performed if relevant to job qualifications _____

LICENSES (List licenses pertinent to the position)

Name of License	Issuing State	Expires

GENERAL INFORMATION

Have you been involuntarily discharged or suspended from employment in the last 5 years? Yes No

Explain _____

Have you been convicted of a felony within the past 7 years? Yes No

A conviction record will not necessarily bar you from employment

Is any additional information about change of name, use of assumed name, or nickname necessary to check on your work/school record? _____

REFERENCES (Please list those familiar with your work history)

Name	Address	Telephone	Relationship
1			
2			
3			

I certify that the answers given by me to the foregoing questions and/or statements are complete, true, and correct to the best of my knowledge and without misrepresentation or omissions of any kind. I further understand that the making of any false or misleading statement or willful omission from or on the Employment Application, or any other document, may be used to deny me employment, or if employed, used for discipline, including termination from employment. I understand that Marygrove shall not be held liable in any respect if my employment is terminated because of false or incomplete statements, answers or omissions made by me on the Employment Application or any other document. I authorize Marygrove to make any investigation of my employment history and any other information (criminal records, school records, etc.) related to my suitability for employment and authorize any employment references(s) to disclose to Marygrove any such information they may have regarding me. In consideration of Marygrove’s review of this application, I hereby release Marygrove, its Board, and its agents, as well as all providers of information, from any liability and for any damage, which may result from the furnishing, and receiving of this information. A copy of this authorization and release is as valid as the original and should be recognized as such.

I understand that employment at this college is “at will” which means that either I or the College can terminate the employment relationship at any time, with or without notice, and with or without cause and for any or no reason. All employment is continued on an at-will basis with the sole exception of those full time faculty who are granted tenure by the Board of Trustees. I understand that no supervisor, manager or executive of this College, other than the President, has the authority to make any representations or agreements contrary to at-will employment; and that any agreement or statement contrary to at-will employment must be in a written document directed exclusively to me and signed by the President of the College to be valid and enforceable.

I have read the foregoing provisions and agree to be bound by them.

Date: _____

Signature: _____