

**Application for Employment (Faculty)**

Name (Last, First, Middle Initial)		E-mail	
Street Address		Telephone Number (Home)	
City, State, ZIP Code		Telephone Number (Work)	
What position are you applying for?	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	What do you expect as a starting salary/wage?	When can you begin?

**EDUCATION**

	Name and Location	Date Attended		Degree Earned
		From	To	
College				
Graduate Study				
Graduate Study				

By completing this Educational History, you authorize Calvin College to verify colleges/universities attended

**TEACHING EXPERIENCE List your most recent position first**

Institution		Location	
From (Month/Year)	To (Month/Year)	<input type="checkbox"/> Graduate or Teaching Assistantship <input type="checkbox"/> Other Teaching Appointment	
Number of Semesters	Number of Semester Hours per Semester (list individually, if necessary)		

Institution		Location	
From (Month/Year)	To (Month/Year)	<input type="checkbox"/> Graduate or Teaching Assistantship <input type="checkbox"/> Other Teaching Appointment	
Number of Semesters	Number of Semester Hours per Semester (list individually, if necessary)		

Institution		Location	
From (Month/Year)	To (Month/Year)	<input type="checkbox"/> Graduate or Teaching Assistantship <input type="checkbox"/> Other Teaching Appointment	
Number of Semesters	Number of Semester Hours per Semester (list individually, if necessary)		

Institution		Location	
From (Month/Year)	To (Month/Year)	<input type="checkbox"/> Graduate or Teaching Assistantship <input type="checkbox"/> Other Teaching Appointment	
Number of Semesters	Number of Semester Hours per Semester (list individually, if necessary)		

By completing this Teaching Experience section, you authorize Calvin College to contact the institutions listed above.

**OTHER WORK EXPERIENCE List your most recent position first**May we contact this employer?  Yes  No

Company/Institution		Street Address	
		City, State, ZIP code	Telephone Number
From (Month/Year)	To (Month/Year)	Final Pay per	Your Supervisor's Name
Your Job Title/Position		<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	Reason for Leaving
Describe Your Principal Duties			

May we contact this employer?  Yes  No

Company/Institution		Street Address	
		City, State, ZIP code	Telephone Number
From (Month/Year)	To (Month/Year)	Final Pay per	Your Supervisor's Name
Your Job Title/Position		<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	Reason for Leaving
Describe Your Principal Duties			

May we contact this employer?  Yes  No

Company/Institution		Street Address	
		City, State, ZIP code	Telephone Number
From (Month/Year)	To (Month/Year)	Final Pay per	Your Supervisor's Name
Your Job Title/Position		<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	Reason for Leaving
Describe Your Principal Duties			

**By completing this Work Experience section, you authorize Calvin College to contact the above listed employers.**Summarize specialized **skills and qualifications** acquired from employment or other experiences that may qualify you for work at Calvin College

Church Affiliation (give name and location of church):

Language(s) you speak/write fluently:

Publications (books, articles, book reviews, etc.) attach a list if necessary:

**REFERENCES**

List three people, other than relatives, who have known you more than three years.

Name	Address
Phone	How does this person know you?
Name	Address
Phone	How does this person know you?
Name	Address
Phone	How does this person know you?
Pastor's Name (optional)	Address
Phone	How does your pastor know you?

By completing this References section, you authorize Calvin College to contact the individuals listed above.

**QUESTIONS**

<b>YES</b>	<b>NO</b>	
<input type="checkbox"/>	<input type="checkbox"/>	Are you authorized to work in the United States on an unrestricted basis?
<input type="checkbox"/>	<input type="checkbox"/>	Have you been told the essential functions of the position, or have you been shown a copy of the job description listing the essential functions of the position?
<input type="checkbox"/>	<input type="checkbox"/>	Can you perform all the essential functions of the position for which you are applying with or without reasonable accommodation?*
<input type="checkbox"/>	<input type="checkbox"/>	Have you ever been convicted of a crime? (Exclude minor traffic offenses. Alcohol-related traffic violations are not considered minor. Conviction will not necessarily disqualify an applicant for employment). If yes, describe conditions:
<hr/>		
<input type="checkbox"/>	<input type="checkbox"/>	Have you used illegal drugs or drugs not prescribed to you by a licensed physician (excluding OTC medication) in the last 7 years? (Admission will not necessarily disqualify an applicant for employment). If yes, describe conditions:
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<input type="checkbox"/>	<input type="checkbox"/>	Are there any felony charges pending against you? If yes, please explain:
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\*\* The need for accommodation does not necessarily bar employment. A determination will be made as to the effectiveness with which the accommodation will allow you to perform the essential functions of the position and the hardship it would impose on the employer. If you have a mental or physical disability and require accommodation to perform the job, you must notify Calvin College within 182 days after reasonably knowing about the need for accommodation. Failure to do so will bar you from alleging that Calvin College has not accommodated you as required by law.

I affirm that the information provided in this application and the accompanying resumes, if any, is true and complete. I also agree that any false information, misrepresentations, or omissions – verbal or written – may disqualify me from further consideration for employment and may result in discipline or dismissal. If discovered at a later date, I authorize a thorough investigation of all statements and references contained in this application and of my employment and educational history, including discipline and attendance records, and agree to cooperate with such investigation. I release from all liability and responsibility all persons and corporations requesting or supplying such information and waive any right to notice of such disclosure. I also understand that if I have a protected disability that affects my ability to perform the job I seek, reasonable accommodation for it may be requested of Calvin College. I understand that the Calvin College Employee Handbooks, which may, with or without notice be modified, amended, or updated, govern the employment relationship.

I acknowledge that reference and education verification, a criminal background check, and a credit check may be conducted and that my offer of employment is contingent upon acceptable results.

As an educational institution committed to the intellectual, emotional, and spiritual development of its students in the Reformed tradition of historic Christianity, Calvin College requires its employees to conduct their work and lives as Christian role models, congruent with the teachings, writings, and practice of our sponsoring faith community, the Christian Reformed Church.

I represent and warrant that I have read and fully understand the foregoing and seek employment under these conditions.

Signature of Applicant \_\_\_\_\_ Date: \_\_\_\_\_

**Thank you for completing this application and for your interest in employment with Calvin College.**

Your application will be reviewed with a special emphasis on your education and training skills, work experience, work record, and job interests. These factors will determine job opportunities for which you may be qualified.

In compliance with federal law, Calvin College provides statistics in the areas of criminal offenses, hate offenses, arrest, and disciplinary actions. You may view this information at <http://www.calvin.edu/offices-services/campus-safety/clery-act/>. If you would like to receive a copy, check here: