

1851 Schoettler Rd. Chesterfield, MO 63017 636-227-2100 (phone) 636-207-2454 (HR fax) www.logan.edu

Please return completed application to the address listed above, Attn: Human Resources or e-mail to resumes@logan.edu
All employment decisions are based on each individual's qualifications, without regard to race, color, religion, age, sex, disability, national origin or Vietnam Era Veteran status.

Personal Information:

Last Name		First Name		Middle
Address			City	State
Home Phone	Work Phone	Cell Phone	E-mail Address	
Social Security Number				

Are you at least 18 years old? yes no
 Are you legally qualified to work in the U.S.? yes no
 Have you been convicted of a felony or misdemeanor? yes no
 If yes, please explain:

May we contact your current or most recent employer? yes no
 If yes, please list the contact name and phone number:

How were you referred to Logan College? Logan Website Internet Paper Current Employee Temp Service Other
 If current employee, please list the name(s):

Do you have any relatives employed by Logan College? yes no
 If yes, please list the name(s):

Position Information:

Position Applied for:	Salary Expectations:
Date Available to Start:	Hours Available to Work:
Employment Status Desired: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	Days Available to Work: <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F <input type="checkbox"/> Sat <input type="checkbox"/> Sun
Are you capable of performing, with or without a reasonable accommodation, the activities involved in the job for which you have applied? <input type="checkbox"/> yes <input type="checkbox"/> no	

Education:

	Institution Name & Location (City & State)	Years Attended	Did you graduate?	Degree Achieved
High School				
College				
Grad School				
Other				

Licenses/Skills/Training: Please list any job-related skills, licenses, and training acquired through education and/or employment.

Employment History: Please fill in all requested information. Start with present or most recent employment.

Name of Employer		Phone	Last Position Held		
Address		City		State	Zip code
Name of Supervisor	Start Date (mo/yr)	End Date (mo/yr)	Hrs/Wk	Ending Salary	
Reason for Leaving:					

Name of Employer		Phone	Last Position Held		
Address		City		State	Zip code
Name of Supervisor	Start Date (mo/yr)	End Date (mo/yr)	Hrs/Wk	Ending Salary	
Reason for Leaving:					

Name of Employer		Phone	Last Position Held		
Address		City		State	Zip code
Name of Supervisor	Start Date (mo/yr)	End Date (mo/yr)	Hrs/Wk	Ending Salary	
Reason for Leaving:					

References: Please list three professional references below.

Name	Title	Phone Number

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed; falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you.

I understand and agree that I may be required to take a physical examination as a condition of employment. I agree to consent to take such test(s) at such time as designated by the College and to release the College, its directors, officers, agents or employees from any claim arising in connection with the use of such test(s).

I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without prior notice.

Signature: _____ **Date:** _____

For Office Use Only

Interviewed By: _____ Interview Date(s): _____

Hired	Position/Department	Salary	Schedule	Start Date
<input type="checkbox"/> yes <input type="checkbox"/> no				

HR Representative	Date of Approval

