

Application for Employment

636-207-2454 (HR fax) 1851 Schoettler Rd. Chesterfield, MO 63017 636-227-2100 (phone) 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 Informa	tion:						
Last Name		First N	lame			Middle	
Address			City		State	Zip code	
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 t	o work in the U.S.? yes no						
Have you been convicted If yes, please explain:	of a felony or misdemeanor? yes	no					
	rent or most recent employer?	∐ no					
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 Desir	red: Full-time Part-time		Days Available to	Work: M	T W	/	
	rming, with or without a reasonable according with or without a reasonable according with firming with or without a reasonable according with or without a reasonable according with the r						
Education:				Years	Did you	Degree Achieved	
	Institution Name & Loca	ation (City & State)		Attended	graduate?	Dogroo Aoriieved	
High School							
College							
Grad School							
Other							
Licenses/Skills/T	raining: Please list any job-related	skills, licenses, and train	ing acquired through	education and	l/or employmer	nt.	

Employment History: Please fill in all requested information. Start with present or most recent employment. Name of Employer Last Position Held Phone Address City State Zip code Start Date (mo/yr) End Date (mo/yr) Hrs/Wk **Ending Salary** Name of Supervisor Reason for Leaving: Name of Employer Last Position Held Phone Address City State Zip code Start Date (mo/yr) End Date (mo/yr) Name of Supervisor Hrs/Wk **Ending Salary** Reason for Leaving: Name of Employer Last Position Held Phone Address City State Zip code End Date (mo/yr) Name of Supervisor Start 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): Start Date Position/Department Hired Salary Schedule yes no

Date of Approval

HR Representative

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