



# APPLICATION for EMPLOYMENT

Office of Human Resources  
275 Eastland Road  
Berea, OH 44017-2088  
Phone 440-826-2220  
Fax 440-826-6976  
www.bw.edu

### *Transforming Lives*

Baldwin-Wallace College is an academic community committed to the liberal arts and sciences as the foundation for lifelong learning.

The College fulfills this mission through a rigorous academic program that is characterized by excellence in teaching and learning within a challenging, supportive environment that enhances students' intellectual and spiritual growth.

Baldwin-Wallace assists students in their preparation to become contributing, compassionate citizens of an increasingly global society and encourages their pursuit of personal and professional excellence.

*The Mission Statement  
of Baldwin-Wallace College*

*Baldwin-Wallace College is an equal opportunity employer and does not discriminate because of race, creed, age, disabilities, national origin, gender or sexual orientation.*

NAME \_\_\_\_\_ Soc. Sec. \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Last First M.I.

ADDRESS \_\_\_\_\_ Telephone \_\_\_\_\_  
Street City State Zip (Include Area Code)

In case of emergency, notify \_\_\_\_\_ Work Phone \_\_\_\_\_

Address \_\_\_\_\_ Home Phone \_\_\_\_\_

POSITION DESIRED: 1. \_\_\_\_\_ 2. \_\_\_\_\_  
Full Time \_\_\_\_\_ Part Time \_\_\_\_\_

Part-Time Applicants: Since you have applied for part-time work, please type in the number of days you can work, between 1 and 7:

How many hours can you work? \_\_\_\_\_

### EDUCATION:

High School \_\_\_\_\_ Graduate? Degree/Course/Work  
Address \_\_\_\_\_ Yes \_\_\_ No \_\_\_ \_\_\_\_\_

College: \_\_\_\_\_ Graduate? Degree/Course/Work  
Address \_\_\_\_\_ Yes \_\_\_ No \_\_\_ \_\_\_\_\_

### SPECIAL SKILLS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been employed at Baldwin-Wallace College? Yes \_\_\_ No \_\_\_ If yes, please complete the section below.

\_\_\_\_\_  
Name of Supervisor Department From / To

Are you related to a current employee of Baldwin-Wallace? Yes \_\_\_ No \_\_\_ If yes, who?

\_\_\_\_\_  
Name Department

Are you authorized to accept employment in the United States? Yes \_\_\_ No \_\_\_ If no, please explain:

\_\_\_\_\_

Have you been convicted of a felony within the last ten years? Yes\_\_\_ No\_\_\_ If yes, please explain:

**EMPLOYMENT EXPERIENCE:**

*(List most current or present employer first.)*

From Date: \_\_\_\_\_ To: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Phone number: \_\_\_\_\_  
Address: \_\_\_\_\_  
Position: \_\_\_\_\_  
Supervisor: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

From Date: \_\_\_\_\_ To: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Phone number: \_\_\_\_\_  
Address: \_\_\_\_\_  
Position: \_\_\_\_\_  
Supervisor: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

From Date: \_\_\_\_\_ To: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Phone number: \_\_\_\_\_  
Address: \_\_\_\_\_  
Position: \_\_\_\_\_  
Supervisor: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

**REFERENCES:**

*(Do not include relatives or former employers)*

Name	Present Address	Occupation	Phone Number
_____	_____	_____	_____
_____	_____	_____	_____

*It is understood that employment is predicated on the truthfulness of statements made in this application, including satisfactory proof of authorization to work in the United States and a favorable report of references, all of which Baldwin-Wallace College is hereby authorized to verify. Any false statements, misrepresentations or failure to disclose significant information on this application may result in dismissal.*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

**APPLICANT NOT TO WRITE BELOW THIS LINE**

Comments of Interviewers: