



Application for Employment

INSTRUCTIONS:

1. All applications forms (and other application materials including letters of introduction, list of references and reference letters, transcripts, certifications, if required) must be sent to the Human Resources Department. Late or incomplete application packages will not be accepted. (Resumes must be included as a supplement to the application form but they will not substitute for any information required on the application form.)
2. Type or print (in ink) all information.
3. Give complete and accurate information about your training and experiences as it relates to the minimum requirements. Leaves of absence in excess of one month during a year should not be claimed as work experience.
4. Keep this page for yourself.
5. Mail applications to:

St. Augustine College
Human Resource Department
1345 W Argyle St.
Chicago, IL 60640

Or e-mail applications to HumanResources@staugustine.edu

A separate application form must be submitted for each position you are applying for.

OTHER INFORMATION:

In accordance with the Federal Immigration and Control Act of 1986, newly hired employees must furnish proof of eligibility for employment in the United States. Newly hired employees may be required to successfully complete a probationary period (60 days) which serves a working test or trial phase. Such employees must complete this period satisfactorily to gain regular status following initial appointment or promotion.

An Equal Opportunity Employer

1345 W. Argyle, Chicago IL 60640 ■ 773.878.8756



Application for Employment

Print answers to all questions. All employment is under an Employment-At-Will clause and can be discontinued at any time. Any misstatement on this application will be cause for rejection of the application or termination. A copy of your transcripts and a resume is required for all candidates. A test may be required dependent upon position applying for and must achieve a passing grade for hire.

Position Applying for:	Date of Application:
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Applicants Name (Last):	(First):	(MI):	Suffix (JR., DR.):
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Address (Number and Street):

City:	State:	Zip Code:
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Home Phone:	Business Phone:
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Cell Phone:	Email Address:
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May we call you at work?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Number:
			Driver's License			

Social Security #: XXX-XX-		<input type="checkbox"/> Yes	<input type="checkbox"/> No	If No, Alien Registration Number:
		U.S. Citizen		

Type of Employment	<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time	<input type="checkbox"/> Temporary	<input type="checkbox"/> On-Call
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Do you have any relatives employed by this College?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, Name: Relationship: Position:
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Are you currently employed by St. Augustine College?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, give your current job title:
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Education

Type of School	Name & Address of School	Major Course of Study	Dates Attended From/To	Did you Graduate?
High School				
College				
Graduate School				
Business / Trade School				
Other				



VETERANS: A veteran is defined as anyone who served in the armed forces of the United States (i.e., United States Army, Navy, Marine Corps, Coast Guard and Air Force) during time of war and was honorably discharged from, or released under honorable conditions from active service.

Important: Proof of right to Veteran's status (DD214) and other relevant information must be submitted to Human Resources if not already on file.

Proof previously submitted

Proof will be submitted to Human Resources

ACCOMMODATIONS: Qualified individuals with a disability may request special accommodations under provisions of the Americans with Disabilities Act (ADA) by contacting St. Augustine College's Human Resources Department at (773) 878.7798 (voice and TTY) immediately upon submitting an application for this employment. Provide the name of the position, your social security number, and a description of your specific needs.

VOLUNTARY INFORMATION: In order to meet the U.S. Department of Education Integrated Postsecondary Education System (IPEDS) reporting guidelines, we are requesting that you voluntarily supply the following information. This data will not be considered in the evaluation of your application.

Are you Hispanic or Latino (or of Spanish origin)?

Yes

No

If NOT Hispanic, please select all that apply

American Indian or Alaska Native

Asian

Black or African American

Native Hawaiian or Other Pacific Islander

White

Two or more races

CERTIFICATION: I certify that the statements made by me on this application are true and complete to the best of my knowledge and are made in good faith. I understand that if I knowingly make any misstatement of fact, I am subject to disqualification and dismissal and to such other penalties as may be prescribed by law. All statements made on this application, including employment information, are subject to verification as a condition of employment.

Signature of Applicant

Date



Additional Notes:

Signature

Date