

AUGSBURG COLLEGE

OUR MISSION STATEMENT

To nurture future leaders in service to the world by providing high quality educational opportunities which are based in the liberal arts and shaped by the faith and values of the Christian Church, by the context of a vital metropolitan setting, and by an intentionally diverse campus community.

Human Resources Department
Campus Box 79
2211 Riverside Avenue
Minneapolis, Minnesota 55454

It is the policy of Augsburg College to provide equal employment opportunity to all employees and applicants for employment without regard to race, color, creed, religion, gender, national origin, marital status, status with regard to public assistance, disability, sexual orientation, or age, except where such status is a bona fide occupational qualification.

Please complete the entire application even if a resume has been submitted.

APPLICANT NAME: _____ DATE: _____ POSITION DESIRED: _____

PERSONAL INFORMATION

NAME (Last)			(First)			(Middle)			
ADDRESS (Street)			(Apt #)		(City)		(State)		(Zip)
EVENING PHONE			DAY PHONE			E-MAIL ADDRESS			
ANY NAMES PREVIOUSLY USED BY YOU:									
ARE YOU ABLE TO PROVIDE PROOF OF AUTHORIZATION TO WORK IN THE UNITED STATES OF AMERICA? <input type="checkbox"/> YES <input type="checkbox"/> NO									
HAVE YOU EVER BEEN CONVICTED OF A CRIME? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE PROVIDE FURTHER INFORMATION IN DETAIL:									
NOTE: THE EXISTENCE OF CRIMINAL RECORD DOES NOT CREATE AN AUTOMATIC BAR TO EMPLOYMENT.									

WORK DESIRED

POSITION DESIRED		DATE AVAILABLE	
HOURS DESIRED – CHECK ALL THAT APPLY: <input type="checkbox"/> PART-TIME- # OF HOURS/WEEK: _____ <input type="checkbox"/> FULL TIME <input type="checkbox"/> DAY SHIFT <input type="checkbox"/> NIGHT SHIFT <input type="checkbox"/> WEEKEND HOURS <input type="checkbox"/> ON-CALL <input type="checkbox"/> TEMPORARY		REFERRED BY: <input type="checkbox"/> AGENCY <input type="checkbox"/> SCHOOL <input type="checkbox"/> AUGSBURG EMPLOYEE (specify: _____) <input type="checkbox"/> AD (publication: _____) <input type="checkbox"/> FAMILY MEMBER (_____) <input type="checkbox"/> BULLETIN BOARD (_____) <input type="checkbox"/> WEB (specify: _____) <input type="checkbox"/> OTHER (specify: _____)	

EDUCATION

SCHOOL	NAME AND LOCATION	DEGREE/DIPLOMA	MAJOR/MINOR	GPA
HIGH SCHOOL				
JR. COLLEGE/ VOCATIONAL				
COLLEGE				
GRADUATE				
OTHER				

EMPLOYMENT HISTORY

Please list information on your last three jobs or the last five years, whichever covers the longer time. For custodial positions, please document your work history over the last ten years. If you need additional space, you may request additional Employment History sheets.

COMPANY		PHONE	
ADDRESS (Street)	(City)	(State)	(Zip)
STARTING POSITION AND SALARY	PRESENT/ENDING POSITION AND SALARY	DATES EMPLOYED FROM: TO:	
SUPERVISOR		MAY WE CALL FOR A REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
IF NO, WHY NOT?			
MAJOR RESPONSIBILITIES			
REASON FOR LEAVING			

COMPANY		PHONE	
ADDRESS (Street)	(City)	(State)	(Zip)
STARTING POSITION AND SALARY	PRESENT/ENDING POSITION AND SALARY	DATES EMPLOYED FROM: TO:	
SUPERVISOR		MAY WE CALL FOR A REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
IF NO, WHY NOT?			
MAJOR RESPONSIBILITIES			
REASON FOR LEAVING			

COMPANY		PHONE	
ADDRESS (Street)	(City)	(State)	(Zip)
STARTING POSITION AND SALARY	PRESENT/ENDING POSITION AND SALARY	DATES EMPLOYED FROM: TO:	
SUPERVISOR		MAY WE CALL FOR A REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
IF NO, WHY NOT?			
MAJOR RESPONSIBILITIES			
REASON FOR LEAVING			

Have you ever been involuntarily discharged or asked to resign? <input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, please explain:

BUSINESS/PROFESSIONAL REFERENCES

NAME	TITLE/COMPANY	PHONE/E-MAIL	RELATIONSHIP

ADDITIONAL INFORMATION

Please use this space to include any additional information relevant to this position that would help us in evaluating your application.

Please read and sign at the bottom:

I authorize and request that my current and all former employers and those people I have listed as references furnish Augsburg College with information about my employment record, including a statement of the reason for the termination of my employment, work performance abilities, and other qualities pertinent to my qualifications for employment; hereby releasing them and Augsburg College from all liability and responsibility arising from any information provided.

In consideration of my employment, I agree to comply with the policies, rules, regulations and procedures of Augsburg College. I understand that in the absence of a written contract to the contrary, all positions at Augsburg College other than tenure faculty will be at will and are not for a definite duration; and that my employment can be terminated with or without cause or notice, at any time, at the option of either Augsburg College or myself.

I understand that any faculty, staff or student user of Augsburg facilities or services is required to comply with the Campus Security Act and Sex Crimes Act of 2000, including registration with appropriate State agencies.

All offers of employment are contingent upon the satisfactory outcome of a background check, if the position for which you are applying requires one.

I certify that the information contained in this application is true and complete to the best of my knowledge and belief. I understand that any misrepresentation or omission of fact in this application will result in refusal of employment, or, if employed, termination from Augsburg College.

Signed: _____

Date: _____

Human Resources Office Use Only

Registered Sex Offender – Check Results Listed Not Listed

Websites checked: <http://info.doc.state.mn.us/publicviewer/main.asp>
<http://www.doc.state.mn.us/level3/Search.asp>
<http://www.stpaul.gov/depts/police/sexoff.html>

Information verified by: _____ Date: _____

Comments: _____