



**Mailing Address:**  
**Office of Human Resources**  
**350 Spelman Lane SW, Box 1133**  
**Atlanta, GA 30314**  
**(404) 270-5097**  
**www.spelman.edu**

## Employment Application

**WE ARE AN EQUAL OPPORTUNITY EMPLOYER**

Instructions: The careful and thoughtful completion of this application is an important step in our consideration of individuals for career opportunities. The application provides information, which enables us to determine whether an applicant has the interests, background, and experience to be given additional consideration. All questions must be answered in a complete and accurate manner. "See resume" is not acceptable in lieu of a response to a question. Please use separate sheets to complete answers wherever necessary. Print clearly using blue or black ink.

### NOTICE TO APPLICANTS

#### NONDISCRIMINATION AND AFFIRMATIVE ACTION STATEMENT

Spelman College is an affirmative action/equal opportunity employer. We consider applicants for all positions without regard to race, color, religion, creed, gender, gender identity, national origin, age, disability, sexual orientation, marital, protected veteran status, genetic tests, genetic information or any other legally protected status. This application will be given every consideration, but its receipt does not imply that the applicant will be employed. College policy is intended to be consistent with the provisions of applicable state and federal law. Inquiries regarding the College's equal employment opportunity policy may be directed to the Office of Human Resources. Employment with Spelman is "at will" and may be terminated at any time by either party.

#### CLEARLY ACT DISCLOSURE

Spelman College maintains an annual security report, which includes statistics on reported crimes that have occurred on or near campus, as well as College policies concerning campus security. Copies of the report are available upon request from the Director of Public Safety, 350 Spelman Lane SW, Box 668, Atlanta, GA 30314, by calling (404) 270-5328 or by accessing the following website: <http://www.spelman.edu/clearyreport/index.html>

Position applying for: \_\_\_\_\_

### APPLICANT INFORMATION

|   |  |   |   |   |
|---|--|---|---|---|
| Last Name _____   |  | First Name _____  |   | Middle Initial _____  |
| Social Security Number _____  |  | Are you under 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No                   |   | If under 18, can you provide a work permit?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you have a current (valid) driver's license?<br><input type="checkbox"/> Yes <input type="checkbox"/> No   |  | Driver's License No., Class & State of Issue<br>_____   |   |   |
| Are you legally eligible for employment in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No Explanation: _____  |  |   |   |   |
| Street Address (include apartment no.)<br>_____   |  | City _____  | State _____   | Zip _____   |
| Home and alternate telephone no. (with area code)<br>_____  |  |   |   |   |
| Have you previously worked at Spelman?<br><input type="checkbox"/> Yes <input type="checkbox"/> No  |  | If previously employed with Spelman, give dates, position and department and reason for leaving:<br>_____ |   |   |
| Have you ever been terminated from any employment? If so, why?<br>_____   |  |   |   |   |
| Do you have any relative by blood or marriage employed at Spelman? <input type="checkbox"/> Yes <input type="checkbox"/> No   |  | If yes, give name of relative, relationship and department:<br>_____                                      |   | What is your salary requirement?<br>_____   |
| How soon are you available to work ? (date) _____   |  |   | Are you available to work: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Shift Work <input type="checkbox"/> Temporary |   |
| How did you learn of the opening? <input type="checkbox"/> Ad <input type="checkbox"/> HR Office <input type="checkbox"/> Web Site <input type="checkbox"/> Other _____ |  |   |   |   |
| <input type="checkbox"/> Employee Referral (must indicate name of employee): _____  |  |   |   |   |

APPLICANT INFORMATION CONTINUED

Can you perform the functions required by the job(s) you are applying for with or without a reasonable accommodation?  
☐ Yes ☐ No

Providing misinformation about a need for an accommodation is grounds for termination as is any other falsification or concealment of requested information on this application.

Except for minor traffic violations and adjudication as youthful offender, have you ever been convicted of a criminal offense against the law including DUI? (A conviction record will not necessarily be a bar to employment. Factors such as job relatedness, age and time of offense, seriousness and nature of violation and rehabilitation will be taken into account). ☐ Yes ☐ No

If yes, please explain: \_\_\_\_\_

If yes, state: \_\_\_\_\_

| Offense | Location (City/State) | Date | Disposition |
|---------|-----------------------|------|-------------|
|---------|-----------------------|------|-------------|

PRIOR EXPERIENCE If you have experience in one of the areas listed below, please check the appropriate box(es).

|   |  |   |   |  |
|---|--|---|---|--|
| <u>Professional</u>                           |  |   | <u>Administrative</u>                         | <u>Skilled Trades</u>                    |
| <input type="checkbox"/> Admissions           | <input type="checkbox"/> Customer Service      | <input type="checkbox"/> Registration       | <input type="checkbox"/> Clerical/Secretarial | <input type="checkbox"/> Carpenter       |
| <input type="checkbox"/> Accounting/Finance   | <input type="checkbox"/> Facilities Management | <input type="checkbox"/> Research           | <input type="checkbox"/> Data Entry           | <input type="checkbox"/> Electrician     |
| <input type="checkbox"/> Campus Police        | <input type="checkbox"/> Financial Aid         | <input type="checkbox"/> Residence Life     | <input type="checkbox"/> Reception            | <input type="checkbox"/> HVAC            |
| <input type="checkbox"/> Career Development   | <input type="checkbox"/> Health Services       | <input type="checkbox"/> Student Accounts   | <u>Maintenance &amp; Grounds</u>              | <input type="checkbox"/> Mason/Plasterer |
| <input type="checkbox"/> Continuing Education | <input type="checkbox"/> Human Resources       | <input type="checkbox"/> Student Activities | <input type="checkbox"/> Housekeeping         | <input type="checkbox"/> Plumber         |
| <input type="checkbox"/> Counseling           | <input type="checkbox"/> Information Tech.     | <input type="checkbox"/> Web Development    | <input type="checkbox"/> Grounds/Landscaping  | <input type="checkbox"/> Painter         |
| <input type="checkbox"/> Development          | <input type="checkbox"/> Purchasing            | <input type="checkbox"/> Other _____        | <input type="checkbox"/> Laborer              | <input type="checkbox"/> Other _____     |

SKILLS Check the skills you could use immediately in a job without training in a job.

|  |   |                                      |                                      |
|--|---|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> Microsoft Word  | <input type="checkbox"/> Microsoft Access     | <input type="checkbox"/> Lotus Notes | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Microsoft Excel | <input type="checkbox"/> Microsoft Powerpoint | <input type="checkbox"/> SCT Banner  |                                      |

MILITARY EXPERIENCE

Have you ever served in the U.S. Armed Forces? ☐ Yes ☐ No

Was your discharge other than honorable? ☐ Yes ☐ No

EDUCATION Proof of graduation may be required.

| SCHOOL                                    | NAME | CITY/STATE | MAJOR | CHECK YEARS COMPLETED      |                             |                             |                             | TYPE OF DEGREE OR DIPLOMA |
|---|------|------------|-------|----------------------------|-----------------------------|-----------------------------|-----------------------------|---------------------------|
| High School                               |      |            |       | <input type="checkbox"/> 9 | <input type="checkbox"/> 10 | <input type="checkbox"/> 11 | <input type="checkbox"/> 12 |                           |
| Undergraduate/ College/University         |      |            |       | <input type="checkbox"/> 1 | <input type="checkbox"/> 2  | <input type="checkbox"/> 3  | <input type="checkbox"/> 4  |                           |
| Graduate School/ Professional             |      |            |       |                            |                             |                             |                             |                           |
| OTHER (SPECIFY)<br>Vocational, Tech, Etc. |      |            |       |                            |                             |                             |                             |                           |

CERTIFICATION/LICENSE: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**EMPLOYMENT HISTORY** Please give accurate, complete full-time and part-time employment record. Start with present or most recent employer.

|                           |  |                     |   |                 |              |
|---------------------------|--|---------------------|---|-----------------|--------------|
| 1                         | Employer: _____                                | Telephone: _____    | May we contact your supervisor?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |                 |              |
|                           | Address (street, city, state, zip code): _____ |                     |   |                 |              |
|                           | Name of Supervisor: _____                      |                     |   |                 |              |
|                           | Your Job Title:<br>_____                       | Dates Employed      |   | Salary          |              |
|                           |  | From (mo/yr): _____ | To (mo/yr): _____   | Starting: _____ | Final: _____ |
|                           | Duties: _____                                  |                     |   |                 |              |
| Reason for Leaving: _____ |  |                     |   |                 |              |

|                           |  |                     |   |                 |              |
|---------------------------|--|---------------------|---|-----------------|--------------|
| 2                         | Employer: _____                                | Telephone: _____    | May we contact your supervisor?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |                 |              |
|                           | Address (street, city, state, zip code): _____ |                     |   |                 |              |
|                           | Name of Supervisor: _____                      |                     |   |                 |              |
|                           | Your Job Title:<br>_____                       | Dates Employed      |   | Salary          |              |
|                           |  | From (mo/yr): _____ | To (mo/yr): _____   | Starting: _____ | Final: _____ |
|                           | Duties: _____                                  |                     |   |                 |              |
| Reason for Leaving: _____ |  |                     |   |                 |              |

|                           |  |                     |   |                 |              |
|---------------------------|--|---------------------|---|-----------------|--------------|
| 3                         | Employer: _____                                | Telephone: _____    | May we contact your supervisor?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |                 |              |
|                           | Address (street, city, state, zip code): _____ |                     |   |                 |              |
|                           | Name of Supervisor: _____                      |                     |   |                 |              |
|                           | Your Job Title:<br>_____                       | Dates Employed      |   | Salary          |              |
|                           |  | From (mo/yr): _____ | To (mo/yr): _____   | Starting: _____ | Final: _____ |
|                           | Duties: _____                                  |                     |   |                 |              |
| Reason for Leaving: _____ |  |                     |   |                 |              |

|                           |  |                     |   |                 |              |
|---------------------------|--|---------------------|---|-----------------|--------------|
| 4                         | Employer: _____                                | Telephone: _____    | May we contact your supervisor?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |                 |              |
|                           | Address (street, city, state, zip code): _____ |                     |   |                 |              |
|                           | Name of Supervisor: _____                      |                     |   |                 |              |
|                           | Your Job Title:<br>_____                       | Dates Employed      |   | Salary          |              |
|                           |  | From (mo/yr): _____ | To (mo/yr): _____   | Starting: _____ | Final: _____ |
|                           | Duties: _____                                  |                     |   |                 |              |
| Reason for Leaving: _____ |  |                     |   |                 |              |

## PROFESSIONAL REFERENCES

Please provide three professional (work-related) references.

|   |  |   |                           |
|---|--|---|---------------------------|
| 1 | Full Name of Reference:  | Relationship:   |                           |
|   | Name of the company or organization where you worked together: | How long did you work together?<br>_____ yrs. _____ mos | Telephone Number<br>_____ |
| 2 | Full Name of Reference:  | Relationship:   |                           |
|   | Name of the company or organization where you worked together: | How long did you work together?<br>_____ yrs. _____ mos | Telephone Number<br>_____ |
| 3 | Full Name of Reference:  | Relationship:   |                           |
|   | Name of the company or organization where you worked together: | How long did you work together?<br>_____ yrs. _____ mos | Telephone Number<br>_____ |

## APPLICANT CERTIFICATION AND AGREEMENT

|   |  |
|---|--|
| _____   | I certify that my answers to the foregoing questions are true and correct without any consequential omissions of any kind whatsoever. I understand that if I am employed, any false, misleading or otherwise incorrect statements made on this application form or during any interviews may be grounds for my immediate discharge.  |
| _____   | I hereby authorize the College to contact any company, educational institution, consumer reporting agency or other individual it deems appropriate to investigate my employment history, character and qualifications, as permitted by law, and I give full and complete consent to such companies, consumer reporting agencies and/or individuals revealing any and all information they wish as a result of this investigation. In addition, I hereby waive my right to bring any cause of action against these individuals for defamation, invasion of privacy or any other reason because of their statements.   |
| _____   | I understand that no Spelman representative is authorized to modify the Employment At-Will policy for any employee or to enter into any agreement, oral or written, which changes the at-will relationship. No statements made in pre-hire interviews or discussions, or in recruiting materials of any kind, alter the at-will nature of employment or imply that discharge will occur only for cause. I also understand that if I am hired as a temporary or seasonal employee, I will not be issued any written or verbal contract with the College.  |
| _____   | I also agree and understand that if employed by the College, I will conform to its rules and regulations. I further agree to conform to other rules regarding conduct, safety, security, work rules requirements and other matters, as I am instructed by members of supervision. I understand and agree that my employment and compensation can, regardless of the date of payment of my salary or wages, be terminated, with or without cause, and with or without notice, at any time, at the option of either the College or myself. I agree to cooperate with any internal or external investigations regarding any matter and agree to maintain confidentiality. |
| _____   | I further understand that promotions, demotions, transfers, pay actions, and any other employee status changes may be made with or without either party showing cause for such action. I consent to taking any post-offer employment physical examination, or pre-employment drug tests as may be required by the College. I further consent to taking a post-accident drug test or to take a drug test based on a reasonable suspicion by members of supervision.   |
| Applicant Signature: _____ Date: _____            |  |
| Human Resources Representative: _____ Date: _____ |  |

It is the College's policy to employ qualified applicants without regard to race, color, religion, creed, gender, gender identity, national origin, age, disability, sexual orientation, marital, protected veteran status, genetic tests, genetic information or any other legally protected status.