



BETHANY

LUTHERAN COLLEGE

Application for Employment

(Please Print)

Position(s) Applied For: _____	Date of Application _____
--------------------------------	---------------------------

PERSONAL INFORMATION

Your name in full _____
LAST FIRST MIDDLE

Your address _____
STREET CITY STATE ZIP

Home phone number (____) _____ Cell phone (____) _____

E-mail address _____

If you are under 18 years of age, can you provide required proof of your eligibility to work?.. Yes No

Have you ever submitted an application to Bethany Lutheran College before?..... Yes No

If yes, please give date: _____

Have you ever been employed by Bethany Lutheran College before?..... Yes No

If yes, please give date: _____

Are you currently employed?..... Yes No

May we contact your present employer?..... Yes No

Are you legally qualified to work in the United States?..... Yes No
(Proof of citizenship or immigration status will be required upon employment.)

On what date would you be available for work? _____

Are you able to perform the essential functions of the job?..... Yes No

If no, are there reasonable accommodations that can be made to allow you to perform the essential functions of the job? _____

Have you ever done any volunteer work?..... Yes No

If yes, please describe: _____

Do you have a valid driver's license? If yes, from which state? _____ Yes No

Condition of Employment

The College requires that a criminal background check be conducted on all new employees to safeguard the campus community for students and employees. A conviction is not an automatic bar to employment in most cases. All circumstances will be considered.

WORK EXPERIENCE

Start with your current or most recent employment. We will assume we have your permission to contact these firms unless you indicate to the contrary.

NAME AND ADDRESS OF PREVIOUS EMPLOYER	PERIOD OF EMPLOYMENT (Month - Year)		COMPLETE THE FOLLOWING		REASON FOR LEAVING
	FIRM	FROM	TYPE OF BUSINESS		
ADDRESS	TO	POSITION			
CITY	PHONE	SUPERVISOR'S NAME	SALARY		

FIRM	FROM	TYPE OF BUSINESS		
ADDRESS	TO	POSITION		
CITY	PHONE	SUPERVISOR'S NAME	SALARY	

FIRM	FROM	TYPE OF BUSINESS		
ADDRESS	TO	POSITION		
CITY	PHONE	SUPERVISOR'S NAME	SALARY	

FIRM	FROM	TYPE OF BUSINESS		
ADDRESS	TO	POSITION		
CITY	PHONE	SUPERVISOR'S NAME	SALARY	

EDUCATION

	High School	Technical School	College	Other
School Name and Location				
Years Completed	9 10 11 12	1 2	1 2 3 4	1 2 3 4
Diploma Degree	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Major Course(s) of Study				

Summarize special skills and training not listed above:

Describe honors received:

REFERENCES

Give the names and addresses of persons whom you know (other than relatives or former employers). We will assume we have your permission to contact these people unless you indicate to the contrary.

1. Name _____

Address _____

Phone # (____) _____ Profession _____ Years Known _____

2. Name _____

Address _____

Phone # (____) _____ Profession _____ Years Known _____

3. Name _____

Address _____

Phone # (____) _____ Profession _____ Years Known _____

NOTIFICATION AND AGREEMENT (please read before signing)

I certify that the answers given herein are true and complete to the best of my knowledge. I also authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written documentation or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Employer.

Signature of Applicant

Date

RETURN COMPLETED FORM TO: Bethany Lutheran College
Human Resources Office
700 Luther Drive
Mankato, MN 56001

Disclaimers and Notices

Non-Discrimination Policy: Bethany Lutheran College does not discriminate on the basis of race, sex, age, religion, national origin, marital status, disabilities, or veteran status in the administration of its educational policies, admissions policies, financial aid programs and other school administered programs. The College adheres to the requirements of Title IX of the 1972 Educational Amendments, Sec. 504 of the Rehabilitation Act of 1973, and the ADA policy of 1990. The College is authorized under federal law to enroll non-immigrant international students. Concerns regarding Title IX should be directed to the College's Title IX Officer: 507-344-7840; titleix@blc.edu.

The Bethany Lutheran College Annual Security Report is available for viewing at www.blc.edu/security. The report is published in accordance with the Jeanne Clery Disclosure of Campus Security Policy and Campus Crime Statistics Act. The document includes institutional policies that address campus security, such as residence hall security, notification of threats, sexual assault, etc. Statistics reported over the past three years for crimes that have occurred both on-campus and in the surrounding community are also included. A printed copy of the report can be requested by calling 507-344-7000.

Bethany Lutheran College is registered as a private institution with the Minnesota Office of Higher Education pursuant to sections 136A.61 to 136A.71. Registration is not an endorsement of the institution. Credits earned at the institution may not transfer to all other institutions.