

If yes, please explain: _

APPLICATION FOR EMPLOYMENT

POMONA COLLEGE		_	Date: _			
Please print clearly in ink and con	nplete all information reques	ted				
Nama						
Name: Last	First			M. I.		
Street Address:						
Succi Addiess.	City:	Stata		7in:		
Previous Address: (Complete only if at		State:		Zip:		
\ I	,					
	City:	State:	T	Zip:		
Home Phone #: ()	Email Address:		Preferred Contact	#: ()	
POSITION DESIRED						
	on must be provided for each pos	sition in wh	ich vou are interest	ed.)		
Position Applying for:	-		ing Number:			
Salary Desired:		Date	e Available:			
Type of Work Desired: Full Tin	ne Part Time	I	Either			
PERSONAL INFORMATION						
1. If hired, can you present proof of you	r legal right to live and work in th	e United Sta	ntes?	1.	Yes	No
2. Are you at least 18 years of age or old	der? If "no," a work permit may b	e required.		2.	Yes	No
3. For reference purposes, have you wor If yes, please list former name(s):				3.	Yes	No
4. Have you ever worked for The Claren	mont Colleges? If yes, which colle	ege?		4.	Yes	No
5. Are any relatives or members of your If yes, give full name and position.	household currently employed at	this instituti	ion?	5.	Yes	No
6. Are you able to perform the essential without reasonable accommodation?	functions of the position applied	for, either w	vith or	6.	Yes	No
7. Have you ever been convicted of a cr (Please do not include arrest or detentio marijuana-related offenses that are more If yes, please explain:	ns that did not result in conviction than two years old).	s or convict		7.	Yes	No
(Note: A conviction is not an automatic surrounding circumstances and relevan						
8. Have you ever been discharged from did not resign, your employment would		or advised tl	hat if you	8.	Yes	No

We are an equal opportunity employer and do not unlawfully discriminate in employment. No question on this application is used for the purpose of limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Equal access to employment, services, and programs is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should contact the Human Resources Office.

EDUCATION AND TRA	AINING					
Type of School	Name and Location		No. of Years Completed	Did you graduate	Major / Degree	
High School/ GED/CHSPE						
Business/Trade or Technical School						
College(s) or University(ies)						
Are you attending school	now: Yes No	Name o	of School / Course	of Study:		
SPECIAL SKILLS						
Licenses / Certificates		Answer only if position applied for requires a driver's license. Do you have a valid driver's license issued by the State of California? Yes No				
Keyboarding WPM:	Computer Programs:					
Special Equipment:						
List Foreign Language(s)	(optional)					
Speak	Read	Wri	ite	Interpret / and	d or translate	
Do you have any other exapplied for?	perience, training, qualification or ski	lls, whicl	n you feel, make y	ou especially suited	for the position	
□ Yes □ No						
If yes, please explain:						

EMPLOYMENT HISTORY

For the last 10 years, starting with most recent, list each job held and account for all periods of unemployment. Attach additional sheets if necessary. You must complete this section even if attaching a resume.

EMPLOYER:		Ma	y we contact this employer? □ Yes □ No	0
Address:		City / State:	Phone:	
Supervisor's Name:		Phone:		
Start Date:	Term Date:	Starting Salary:	Ending Salary:	
Title or Position:				
Duties and Responsibility	ies:			
Reason for Leaving:				
EMPLOYER:		Ma	y we contact this employer? \Box Yes \Box No	0
Address:		City / State:	Phone:	
Supervisor's Name:		Phone:		
Start Date:	Term Date:	Starting Salary:	Ending Salary:	_
Title or Position:				
Duties and Responsibility	ies:			
Reason for Leaving:				
Account for periods of un	nemployment between jo	obs:		
EMPLOYER:		Ma	y we contact this employer? ☐ Yes ☐ No	0
		City / State:		
Supervisor's Name:		Phone:		_
Start Date:	Term Date:	Starting Salary:	Ending Salary:	
Title or Position:				
Duties and Responsibility	ies:			
Reason for Leaving:				
Account for periods of un	nemployment between jo	obs:		

EMPLOYMENT HIS	TORY			
EMPLOYER:			- May we co	ntact this employer? □ Yes □ No
Address:		City / State:		Phone:
Supervisor's Name:		Pho	ne:	
Start Date:	Term Date:	Starting Sala	ary:	Ending Salary:
Title or Position:				
Duties and Responsibi	ilities:			
Reason for Leaving:				
Account for periods of	f unemployment between jol	bs:		
				ntact this employer? □ Yes □ No
Address:		City / State:		Phone:
Supervisor's Name:		Pho	ne:	
Start Date:	Term Date:	Starting Sala	ary:	Ending Salary:
Title or Position:				
Duties and Responsibi	ilities:			
Reason for Leaving:				
Account for periods of	f unemployment between job	bs:		
mportant, please rea	ad carefully and sign.			
understand that any m		ons will be sufficient	cause for can	therwise provided are true and correct cellation of this application or immed
contract for employme a change in personnel time with or without a	ent. I also understand that my . Accordingly, either I or P	y needs, and/or the nee comona College can er dge that the only way t	eds and resour ad the employ he "at-will" n	hat this application does not constitutes of the College might change, requirement relationship "at will," that is, at ature of my employment relationship to College President.
I represent and warran	t that I have read and fully u	inderstand the foregoin	ng, and that I s	eek employment under these condition
Applicant's Signature				– Date: –