



APPLICATION FOR EMPLOYMENT

Human Resources Office
Post Office Box 2900
Bloomington, Illinois 61702-2900
Ph: (309) 556-3536 Fax: (309) 556-1710
<http://www.iwu.edu>

FOR OFFICE USE ONLY	
Work Location _____	Rate _____
Position _____	Date _____

AN EQUAL OPPORTUNITY EMPLOYER

Illinois Wesleyan University supports and is committed to the principle of equal employment opportunity and all characteristics protected by federal, state, and local laws. Illinois Wesleyan University provides equal opportunities to all employees and applicants for employment. Human Resources, 209 Holmes Hall, 309-556-1910

Please answer each question clearly and completely. If you need more space, attach additional pages. Be sure to sign and date the application. While you may attach a resume to supplement this application, incomplete or unsigned applications may not be considered.

GENERAL INFORMATION

IF YOU REQUIRE ASSISTANCE IN THE APPLICATION PROCESS, PLEASE INFORM THE HUMAN RESOURCES OFFICE

Name: _____
Last First Middle Initial

Present Address: _____
Street

City State Zip

Telephone No. Home/Cell: _____ Email: _____

TYPE OF WORK OR POSITION DESIRED

Position(s) applied for: _____

Salary/hourly wage desired: _____

Date available to begin employment: _____

How did you learn of this opening? _____

EMPLOYMENT RECORD

Starting with the present or most recent, list all previous employers. If more space is required, please continue on a separate sheet of paper. (Resume will not be substituted for completion of the application.)

Name and Address of Last or Present Employer	From		To		Reason for Leaving	Name of Supervisor
	Mo.	Yr.	Mo.	Yr.		
	Job title and brief description of job duties:					
Phone						
						May we contact your present employer? Yes ☐ No ☐

Name and Address of Last or Present Employer	From		To		Reason for Leaving	Name of Supervisor
	Mo.	Yr.	Mo.	Yr.		
	Job title and brief description of job duties:					
Phone						
						May we contact this previous employer? Yes ☐ No ☐

Name and Address of Last or Present Employer	From		To		Reason for Leaving	Name of Supervisor
	Mo.	Yr.	Mo.	Yr.		
	Job title and brief description of job duties:					
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	Mo.	Yr.	Mo.	Yr.		
	Job title and brief description of job duties:					
Phone						
						May we contact this previous employer? Yes ☐ No ☐

RECORD OF EDUCATION

	School Name Location (City/State)	Years Completed	Courses/ Areas of Study	Degree/ Certificate Earned
High School				
College/ University				
Technical/ Business/ Other				

MISCELLANEOUS

The University is dedicated to fostering an environment that values varied perspectives and backgrounds. Please feel free to share any opportunities you have had to collaborate in a setting that embraces a wide range of experiences and viewpoints.

Please use this space to summarize any special qualifications, training, or experience that you have and feel should be considered in reviewing your application, or to account for any gaps in your work history.

Were you previously employed by Illinois Wesleyan University? Yes ☐ No ☐

If yes, when and in what position? _____

Do you have any relatives employed at Illinois Wesleyan University? Yes ☐ No ☐

If yes, please list _____

If hired, can you furnish proof that you are legally eligible to work in the United States? Yes ☐ No ☐

REFERENCES

List three persons who are not related to you and who have knowledge of your qualifications for the position for which you are applying. Persons who have knowledge of your work are preferred.

Name	Address	Phone No.	Business or Occupation	Years Known

ACKNOWLEDGMENT

I certify that all the information submitted by me on and with this application is true and complete. I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected and, if I am employed, my employment may be terminated.

I understand that this application does not constitute an agreement or contract of employment for any specified period or definite duration. I understand that if Illinois Wesleyan University hires me, my employment will be at-will, meaning that either I or the University can terminate the employment relationship at any time for any reason. I understand that no supervisor or representative of the employer is authorized to make assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid.

I also authorize Illinois Wesleyan University to make a thorough background investigation and to make inquiries into my character, employment record, or other matters to verify my suitability for employment. I release Illinois Wesleyan University and any individuals it contacts from any claims arising from making or responding to such inquiries.

Applicant Signature _____ Date: _____