



Adrian College 2023/2024 Campus Employment Application

STUDENT INFORMATION

First and Last Name _____ Student ID # _____

Email _____ Daytime Phone Number _____

Permanent Address _____

Are you 18 years of age or older?

Yes

No

What will your student status at Adrian College be in the Fall 2023 semester?

Freshman

Sophomore

Junior

Senior

Have you worked for the college before? Yes No

(If No, you MUST provide your I-9 documentation to the Payroll Office once you have been hired for a position)

If Yes, how many years have you worked in the Student Employment Program _____

Please list the departments/jobs below:

1. _____
2. _____
3. _____

Please list your previous work experience other than Adrian College.

Name of Employer/Company	Job	Contact Person	Phone
_____	_____	_____	_____
_____	_____	_____	_____

Additional Skills - Please list any additional skills, knowledge or experience you would like considered in assessing your qualifications for the position(s) for which you are applying (e.g., software skills, certifications)

Are you involved with any extra-curricular activities (i.e. Sports, Greek Life, Student Organizations, etc.)
If Yes, please indicate below:

On Campus Reference (First and Last Name) _____

Are you available to work nights and weekends? Yes No

Please provide your days and times of availability below.

Are you able to lift 50 pounds with or without reasonable accommodation? Yes No

Have you ever been convicted of a misdemeanor or felony crime? Yes No

Please note that answering "Yes" will not automatically disqualify you from a particular job. The type, seriousness, frequency of violations, age at time of conviction, date of conviction, and your entire work and educational history will be considered.

Are there felony charges pending against you? Yes No

If you answer Yes to either of the previous two questions, please describe the nature of the crime(s) or charge(s), the date and place of the offense, and the legal disposition of the case.

Person to notify in the event of an emergency

Emergency Contact Phone Number

APPLICANT CERTIFICATION *Please read and sign (type name) in below*

I certify that all information provided in this application (including any attachments) is true to the best of my knowledge. I understand that any false statement made herein is sufficient reason for rejection of my application or termination of subsequent employment. I authorize Adrian College to investigate all statements made in this application or attachments; to contact any of my former employers, educational institutions, or any other person or organization that may have information relevant to my employment; to obtain records concerning my past work, character, education; and to obtain driving records.

Please type Name here to agree to above Statement

Applicant's Signature

Date _____

REQUIRED TO APPLY

By checking this box I acknowledge and agree that if my account falls past due, to assign 75% of my net pay to Adrian College for it to be applied against any financial account balance I may have that relates to tuition, fees, room, and board charges until such time that any financial account balance becomes paid in full.