

FOUR-D COLLEGE®
Our Goal Is Your Success



APPLICATION FOR EMPLOYMENT

Colton Campus: 1020 East Washington Street, Colton, CA 92324 • Phones: 909.783.9331 or 1.800.600.5422 • FAX: 909.783.9334
Victorville Campus: 16534 Victor Street, Victorville, CA 92395-3920 • Phones: 760.962.1325 or 1.800.600.5422 • FAX: 760.962.1420

APPLICATION FOR EMPLOYMENT

As a faith-based Christian school and an EQUAL EMPLOYMENT OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER, **FOUR-D COLLEGE** does not discriminate against applicants or employees because of their age, religion, national origin, sex or for any basis prohibited by law. Furthermore, **FOUR-D COLLEGE** will not discriminate against any applicant or employee because he or she is mentally or physically handicapped, a disabled veteran or a Viet Nam Veteran, provided he/she is qualified and meets the requirements established by **FOUR-D COLLEGE** for the position.

PLEASE PRINT

Name: _____

Date of Submittal: _____ For Campus: Colton Victorville

(Exact) Position Title(s): _____

Address (Street / City / Zip Code): _____

Phone Number(s): Cell: _____ Other: _____

Social Security Number: _____

Notification(s) in case of accident or emergency:

Names	Phone Numbers	Addresses

How is proof of Citizenship or Immigration Status to be provided?: _____

If under 18 years of age, Work Permit Number: _____

Are you currently employed? Yes No May we contact your present employer(s)? Yes No
May we contact your former employer(s)? Yes No
If No, Why?: _____

Available to work: Full-Time Part-Time

Hours available to work: Morning _____ Afternoon _____ Evening _____ Saturday _____

Since age 18, have you ever pled nolo contendere to, guilty to, or been convicted of, a crime? Yes No

If yes, please explain Date(s), type(s) of crime, conviction(s) and sentence(s):

Failure to disclose any information later found through the Department of Justice (DOJ) and Federal Bureau of Investigation (FBI) fingerprint screenings is just cause for immediate refusal to hire. Initials: _____

REFERENCES:

List Names, Addresses and Phone Numbers of three persons who are not related to you:

Do you have a relative(s) currently working at Four-D College? Yes No

Do you have a friend(s)/acquaintance(s) currently working at Four-D College? Yes No

Name

Relationship

Name

Relationship

Start with your present or last job. Include military assignments and volunteer activities. Exclude organizational names which include race, color, religion, sex or national origin

EMPLOYER: TELEPHONE: ADDRESS:	DATES EMPLOYED: From: To: HOURLY SALARY: Beginning: Ending:
JOB TITLE:	SUPERVISOR:
DUTIES: _____ _____ _____	
REASON FOR LEAVING:	
EMPLOYER: TELEPHONE: ADDRESS:	DATES EMPLOYED: From: To: HOURLY SALARY: Beginning: Ending:
JOB TITLE:	SUPERVISOR:
DUTIES: _____ _____ _____	
REASON FOR LEAVING:	
EMPLOYER: TELEPHONE: ADDRESS:	DATES EMPLOYED: From: To: HOURLY SALARY: Beginning: Ending:
JOB TITLE:	SUPERVISOR:
DUTIES: _____ _____ _____	
REASON FOR LEAVING:	

EDUCATION

	HIGH SCHOOL	COLLEGE / UNIVERSITY	GRADUATE / PROFESSIONAL
SCHOOL NAME			
YEARS COMPLETED (Circle One)	9 10 11 12	1 2 3 4	1 2 3 4
DIPLOMA / DEGREE			
DESCRIBE COURSE OF STUDY			
LIST: Specialized Training, Apprenticeships, Skills, Honors received & Extracurricular Activities			

SPECIAL EMPLOYMENT NOTICE TO DISABLED VETERANS, VIETNAM ERA VETERANS AND INDIVIDUALS WITH PHYSICAL OR MENTAL HANDICAPS

Government contractors are subject to 38 USC 2012 of the Vietnam Era Veterans' Readjustment Assistance Act (VEVRAA) of 1974, which requires that they take affirmative action to employ and advance in employment qualified disabled veterans and veterans of the Vietnam Era, and Section 503 of the Rehabilitation Act of 1973, as amended, which requires government contractors to take affirmative action to employ and advance in employment qualified handicapped individuals.

If you are a disabled veteran or have a physical or mental handicap, you are invited to volunteer this information. The purpose is to provide information regarding proper placement and appropriate accommodation to enable you to perform the job to the best of your ability in a proper and safe manner. This information will be treated as confidential. Failure to provide this information will not jeopardize or adversely affect your consideration for employment.

If you wish to be identified, please sign below: Not Applicable
 Handicapped individual Disabled Veteran Vietnam Era Veteran

Signed: _____

I hereby certify that all statements made in this application are true and correct to the best of my knowledge and belief. I understand and agree that any misrepresentation or omission of facts in my application may be justification for refusal to hire me or result in termination of employment.

I further understand that an investigative report may be made as to my character and general reputation. I authorize all past employers, schools, persons and organizations having relevant information or knowledge to provide it to Four-D College or its duly authorized representative(s) for its use in deciding whether or not to offer me employment. I specifically waive any liability in responding to inquiries in connection with my application. Upon written request by me, within a reasonable period of time, Four-D College will make available to me the nature and scope of all reports of every type obtained.

I understand that nothing contained in this employment application or in the granting of an interview is intended to create an employment contract between Four-D College, its subsidiaries and affiliates and me for either employment or for the providing of any benefit.

If I am offered and accept employment, I understand that the employment is for no definite period of time and may, regardless of the date of payment of my wages and/or salary, be terminated by either party for any legal reason.

In signing this form, I certify that I understand all the questions and statements in the application.

Applicant's Signature

Date

This application will only remain active for 60 days:
If after 60 days you are still interested in employment at Four-D College, you must fill out a new application.

FOUR-D COLLEGE Use Only:

Arrange First Interview: Yes No Held by: _____ Date: _____
(Notes attached)

INTERVIEW WITH MRS. SMITH: Yes No Held: _____

Offered Employment Applicant: Accepted Declined Will get back to us by: _____

Salary: \$ _____ agreed upon / Full-Time / Part-Time - Days: _____ Hours: _____

Not Offered Employment - Reason(s): _____

 File for future consideration