

Application For Employment

Carroll College, 1601 North Benton Avenue, Helena, MT 59601-0002 406-447-5502



Personal Information

Name:	Cell Phone:
E-Mail Address:	
Home Address:	
City, State Zip:	
Are you legally authorized to work in the U.S. on a full time basis? Yes No	
Will you now, or in the future, require sponsorship to legally work for Carroll College in the U.S.? Yes No	
<ul style="list-style-type: none">• If Yes, are you currently in a period of Optional Practice Training (OPT)? Yes No• If you are currently in OPT, are you eligible for a 24-month OPT extension based upon a degree from a qualifying U.S. institution in Science, Technology, Engineering, or Mathematics (STEM)? Yes No	
Have You Ever Been Convicted of a felony? (A conviction will not necessarily disqualify an applicant for employment). Yes No	
If Yes, Please Explain:	

Position Applying For

Title:
How did you hear about this opening?

Education

HIGH SCHOOL (Name, City, State):	
BUSINESS OR TECHNICAL SCHOOL (Name, City, State):	
Dates Attended:	Degree, Major:
UNDERGRADUATE COLLEGE (Name, City, State):	
Dates Attended:	Degree, Major:
GRADUATE SCHOOL (Name, City, State):	
Dates Attended:	Degree, Major:

Please list three professional references not related to you, with full name, phone number, email address and relationship.

Name	Phone Number	Email Address	Relationship

Employment History			
Starting with present employer (or most recent), list all experience and account for all time during the last 10 years, including periods of unemployment and U.S. Military Service. Please feel free to attach additional pages in the same format.			
Dates: Month/Year	Employer	Title or Position (Describe Your Duties)	Rate of Pay
From:	Name:		Start:
	Address:		End:
	City, State, Zip Code:		Other Compensations:
To:	Company Telephone Number:		
	Supervisor:	Reason For Leaving:	
	May We Contact Your Present Employer?		
From:	Name:		Start:
	Address:		End:
To:	City, State, Zip Code:		Other Compensations:
	Company Telephone Number:		
	Supervisor:	Reason For Leaving:	
From:	Name:		Start:
	Address:		End:
To:	City, State, Zip Code:		Other Compensations:
	Company Telephone Number:		
	Supervisor:	Reason For Leaving:	

Carroll College is proud to be an Equal Opportunity Employer and is committed to creating a welcoming work environment for all. I certify that the information contained in this employment application is true and complete to the best of my knowledge. I understand that any falsifications or omissions may result in denial of employment or dismissal. I authorize Carroll to act as my agent in securing information about me from any person or company without liability to such person or company or to Carroll.

Signature_____

Date_____