



Education and Training				
	Name & Location	Years or Credit Hours Completed	Diploma or Degree Received	Describe Course of Study
High School				
College				
Trade/Other				
Graduate				

List any additional training or experience which you believe may have bearing on your qualifications for employment:

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List any license or certificate currently valid such as Certified Public Accountant, CPR/First Aid, etc:

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List any language, other than English, you can speak, read and/or write: \_\_\_\_\_

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List any work related professional, trade, business, or civic activities in which you are an active member. Indicate offices held. You may exclude any membership that would reveal sex, sexual orientation, race, color, religion, ancestry, national origin, citizenship, age, veteran's status, disability or other protected status:

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List the type of machines that you can operate, years of experience you have had using them, and the level of your skill (Examples: Microcomputer- 2 years experience; Proficient in Lotus 1-2-3 and WordPerfect 5.0):

Type of Machine	Years of Experience	Skills Level
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Employment Experience**

Starting with your present job, list all previous positions held. *(If additional space is needed, supplemental pages may be attached.)*

Employer Name: _____	
Address: _____	Phone: (____) _____
Position Title: _____	Supervisor's Name: _____
Dates of Employment: _____ to _____ <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary	
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Reason for Leaving: _____	
Detailed description of duties: _____	
_____	
_____	
_____	

Employer Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
 Position Title: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_  
 Dates of Employment: \_\_\_\_\_ to \_\_\_\_\_  Full Time  Part Time  Temporary  
 May we contact this employer?  Yes  No  
 Reason for Leaving: \_\_\_\_\_  
 Detailed description of duties: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Employer Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
 Position Title: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_  
 Dates of Employment: \_\_\_\_\_ to \_\_\_\_\_  Full Time  Part Time  Temporary  
 May we contact this employer?  Yes  No  
 Reason for Leaving: \_\_\_\_\_  
 Detailed description of duties: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Employer Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
 Position Title: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_  
 Dates of Employment: \_\_\_\_\_ to \_\_\_\_\_  Full Time  Part Time  Temporary  
 May we contact this employer?  Yes  No  
 Reason for Leaving: \_\_\_\_\_  
 Detailed description of duties: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Employer Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
 Position Title: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_  
 Dates of Employment: \_\_\_\_\_ to \_\_\_\_\_  Full Time  Part Time  Temporary  
 May we contact this employer?  Yes  No  
 Reason for Leaving: \_\_\_\_\_  
 Detailed description of duties: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

References

List name, address, and telephone numbers of three references who are not related to you and are not previous employers.

Name	Address	Telephone Number
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

By my signature below, I authorize persons acting on the behalf of Goddard College to contact any of my former employers, educational institutions which I have attended, and/or any other person or organization I have listed which might have information relevant to my application for employment. I further consent to those persons or organizations divulging relevant information to Goddard College, notwithstanding that it might otherwise be confidential. I understand that any information obtained by Goddard College in the course of those contacts will be treated with the strictest confidence, and will be used only for purposes related to determining my suitability for employment.

I certify that all statements made on this form are true and accurate to the best of my knowledge. I understand that consideration of this application and the continuation of any employment depends upon the truth and accuracy of this information.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please keep us advised of any changes in your contact information, interest, or availability. When contacting us, please reference the position(s) that you applied for.

Mail this application to:  
Goddard College  
C/O Human Resources  
123 Pitkin Road  
Plainfield, VT 05667



*Goddard College does not discriminate on the basis of race, sex, age, sexual orientation, or handicap in any of its policies or procedures, including but not limited to those related to admission, employment, the provision of educational services, and the granting of financial aid. All Goddard scheduled and sponsored programs and activities are open to men and women on an equal basis.*