



E4946 Jackson Road  
Ironwood, Michigan 49938  
www.gogebic.edu

(906) 932-4231 or (800) 682-5910

**APPLICATION FOR EMPLOYMENT**

**PERSONAL DATA**

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Position Desired \_\_\_\_\_ Date you can start \_\_\_\_\_

Are you presently employed \_\_\_ YES \_\_\_ NO      If so, may we contact? \_\_\_ YES \_\_\_ NO

**EDUCATIONAL BACKGROUND**

<u>Name &amp; Location</u>	<u>Dates Attended</u>	<u>Degree</u>	<u>Majors</u>
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High School

College(s)

Other

**WORK EXPERIENCE - REFERENCES** (List last four employers, starting with most recent)

<u>Dates Worked</u>	<u>Name &amp; Address</u>	<u>Position</u>	<u>Salary</u>	<u>Reason for Leaving</u>
From _____ To _____				
From _____ To _____				
From _____ To _____				
From _____ To _____				

I CERTIFY THAT THE INFORMATION PRESENTED IN THIS JOB APPLICATION AND SUPPORT MATERIAL IS TRUE AND IF FOUND TO BE OTHERWISE AFTER EMPLOYMENT WILL CONSTITUTE CAUSE FOR DISMISSAL.

\_\_\_\_\_  
Signature of Applicant

IT IS THE POLICY OF GOGEBIC COMMUNITY COLLEGE NOT TO DISCRIMINATE ON THE BASIS OF RACE, SEX, AGE, COLOR, NATIONAL ORIGIN OR ANCESTRY, MARITAL STATUS, OR VIETNAM ERA VETERAN STATUS IN ITS EDUCATIONAL PROGRAMS, ACTIVITIES, ADMISSIONS OR EMPLOYMENT POLICIES AS REQUIRED BY TITLE IX OF THE 1972 EDUCATION AMENDMENTS, SECTION 504 OF THE REHABILITATION ACT OF 1973, AND THE AMERICANS WITH DISABILITIES ACT OF 1990.

**RELEASE**

To Whom It May Concern:

This will authorize Gogebic Community College to obtain information from past and present employers and educational institutions about my work performance and academic pursuits at the businesses and colleges/universities listed in my personal resume and/or job application.

A photocopy of this authorization is deemed as valid a request as the original bearing my signature.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date