

LYON COLLEGE
APPLICATION FOR EMPLOYMENT
P.O. Box 2317, Batesville, Arkansas 72503
Lyon College is an Equal Opportunity Employer

Name _____ Date of Application _____
Last First M.I.

Address _____ Work Telephone (____) _____
Street City State Zip

Position Applied For _____ E-mail Address _____ Home Telephone (____) _____

Are you seeking full-time employment? Yes No Part-time employment? Yes No Total hours per week _____ Date available for work _____

If you are under 18 years of age, can you provide required proof of eligibility to work? Yes No

Can you provide proof of citizenship or authorization to work in the U.S. upon employment? Yes No

Have you been convicted of a felony? Yes No (*Conviction will not necessarily prevent you from obtaining employment*)

EDUCATION (Please circle highest level or equivalent completed for each.)

High School or GED completed?	Yes	No	Technical School	1	2	3	4	College	1	2	3	4	Post Graduate	1	2	3	4
Degree and Major			_____					_____					_____				
Date Received			_____					_____					_____				
Institution			_____					_____					_____				

List skills and special training not indicated in the Education section (i.e. equipment operation, software, typing, etc.)

1. _____ 2. _____ 3. _____ 4. _____
4. _____ 5. _____ 6. _____ 7. _____
8. _____ 9. _____ 10. _____ 11. _____

If you have previously been employed by Lyon College, list employment dates: _____

Do you have any relatives working for Lyon College? Yes No If yes, what is the relationship? _____

MILITARY EXPERIENCE

Have you served in the U.S. Armed Forces or National Guard? Yes No

If so, what branch? _____ Dates of Service _____ to _____.

Describe duties and special training:

EMPLOYMENT EXPERIENCE

Starting with your current or most recent employer, please give complete full-time and part-time employment history and any other relevant work experience (additional forms are available). Explain any gaps in employment in the comments section below.

_____ Employer	_____ Supervisor	(_____)_____ Telephone
_____ Address		Beg. Date ____/____/____ Ending Date ____/____/____ Mo. Yr. Mo. Yr.
_____ Duties Performed		Full-time ____ Part-time ____
_____ _____		_____ Job Title
_____ _____		_____ Reason for Leaving

_____ Employer	_____ Supervisor	(_____)_____ Telephone
_____ Address		Beg. Date ____/____/____ Ending Date ____/____/____ Mo. Yr. Mo. Yr.
_____ Duties Performed		Full-time ____ Part-time ____
_____ _____		_____ Job Title
_____ _____		_____ Reason for Leaving

_____ Employer	_____ Supervisor	(_____)_____ Telephone
_____ Address		Beg. Date ____/____/____ Ending Date ____/____/____ Mo. Yr. Mo. Yr.
_____ Duties Performed		Full-time ____ Part-time ____
_____ _____		_____ Job Title
_____ _____		_____ Reason for Leaving

EMPLOYMENT EXPERIENCE CONTINUED:

Employer _____	Supervisor _____	(____) _____ Telephone
Address _____		Beg. Date ____/____/____ Ending Date ____/____/____ Mo. Yr. Mo. Yr.
Duties Performed _____		Full-time____ Part-time____
_____		Job Title _____
_____		Reason for Leaving _____

Comments (including any gaps in employment): _____

May we contact your previous employer? Yes No Please do not contact: _____

Provide any other names under which you have been employed: _____

Employment References

Name	Address	Telephone
_____	_____	_____
_____	_____	_____
_____	_____	_____

I certify that the information given herein is true and complete to the best of my knowledge. I understand that the information may be verified by a representative of Lyon College and, in the event of employment, I understand that false or misleading information given in my application or interview(s) may result in termination. I also understand that I am required to abide by all rules and regulations of the employer.

SIGNATURE OF APPLICANT _____

DATE _____