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 artcenter.edu

# Human Resources Employment Application

**Directions**

- Please print legibly in ink or type, and answer questions accurately.
- A complete employment application is required. Resume attachments are encouraged, but will not be accepted in lieu of the application.
- False statements or omission of material information may jeopardize employment consideration or result in termination of employment.

**Policy**

ArtCenter College of Design is an **Equal Opportunity Employer**, dedicated to a policy of nondiscrimination in employment on the basis of race, color, religion, ancestry, sex, sexual orientation, marital status, pregnancy, age, national origin, gender identity, medical condition, disability, veteran status or any other status protected by applicable federal, state and local laws. ArtCenter is an At-Will employer.

**Personal Information**

Last Name, First Name, Middle Initial		
Current Address, Street and Number		Apt #
City	State	Zip
Home Phone Number	Cell Phone Number	Business Phone Number (Optional)
Position Applied For	Date Available for Work	Hours and Date Available to Work
Referral Source	Salary Expectation	

**Education**

LIST ALL EDUCATIONAL INSTITUTIONS ATTENDED

Name (During Enrollment)		
School (Name, City, State)	Degree	Major
School (Name, City, State)	Degree	Major
Technical School (Name, City, State)	Degree	Major
Other		

**Special Skills**

List any computer skills, mainframe computer skills (include model and software). \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List any word processing skills and equipment) for clerical applicants, list typing and other office equipment).

\_\_\_\_\_

\_\_\_\_\_

List any other special skills, licenses or experience you possess which may qualify you for this position.

\_\_\_\_\_

\_\_\_\_\_

**Job-Related Foreign Language Skills**

Language: _____	Speaking Aptitude:	<input type="checkbox"/> Fluent	<input type="checkbox"/> Well	<input type="checkbox"/> Slight
Language: _____	Speaking Aptitude:	<input type="checkbox"/> Fluent	<input type="checkbox"/> Well	<input type="checkbox"/> Slight
Language: _____	Writing Skills:	<input type="checkbox"/> Fluent	<input type="checkbox"/> Well	<input type="checkbox"/> Slight
Language: _____	Writing Skills:	<input type="checkbox"/> Fluent	<input type="checkbox"/> Well	<input type="checkbox"/> Slight

**Previous Employment**

LIST ALL PRESENT AND PAST  
EMPLOYMENT (LAST TEN  
YEARS.

**Present or Most Recent Position** May we contact your present employer?  Yes  No  Yes, but only after I advise you that I have resigned my position.

Name of Employer		Address, Street and Number	
City	State	Zip	Telephone Number
From (Starting Date)	To		
Position Held	Supervisor	Supervisor's Position	
Duties Performed			
Additional Duties Performed			
Reason for Leaving			

**Second Last Position** May we contact this employer?  Yes  No

Name of Employer		Address, Street and Number	
City	State	Zip	Telephone Number
From (Starting Date)	To		
Position Held	Supervisor	Supervisor's Position	
Duties Performed			
Additional Duties Performed			
Reason for Leaving			

**Third Last Position** May we contact this employer?  Yes  No

Name of Employer		Address, Street and Number	
City	State	Zip	Telephone Number
From (Starting Date)	To		
Position Held	Supervisor	Supervisor's Position	
Duties Performed			
Additional Duties Performed			
Reason for Leaving			

**Fourth Last Position** May we contact this employer?  Yes  No

Name of Employer		Address, Street and Number	
City	State	Zip	Telephone Number
From (Starting Date)	To		
Position Held	Supervisor	Supervisor's Position	
Duties Performed			
Additional Duties Performed			
Reason for Leaving			

**Previous Employment**

CONTINUED

**Additional Previous Employment** (Include summer or part-time jobs, if applicable.) May we contact this employer?  Yes  No

Name and Address of Employer From (Starting Date) To

Position Held Supervisor Supervisor's Position

Duties Performed

Additional Duties Performed

Reason for Leaving

**U.S. Military Service**

LIST ANY RELEVANT JOB-RELATED EDUCATION OR EXPERIENCE YOU OBTAINED AS A RESULT OF YOUR SERVICE IN THE MILITARY

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**General Information**

Have you ever worked for, or applied to, ArtCenter previously?  Yes  No Dates: \_\_\_\_\_ Position: \_\_\_\_\_

List names of individuals you know at ArtCenter. If none, write "None." *This information will not necessarily disqualify you from employment, although it may affect your eligibility for assignments in certain departments or positions.*

\_\_\_\_\_  
\_\_\_\_\_

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation?  Yes  No

If no, then in order to engage in the interactive process, please provide what accommodations you will need to perform the essential function: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

WE COMPLY WITH THE ADA AND STATE IN CONSIDERING REASONABLE ACCOMMODATION MEASURES THAT MAY BE NECESSARY FOR ELIGIBLE APPLICANTS/EMPLOYEES TO PERFORM ESSENTIAL FUNCTIONS. HIRE MAY BE SUBJECT TO PASSING A MEDICAL EXAMINATION, AND TO SKILL AND AGILITY TESTS.

Employment offers are contingent upon satisfactory background and reference checks.

Are you 18 years or older?  Yes  No

In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification document form upon hire. Upon commencing employment, can you provide proof of your right to legally work in the United States?  Yes  No

Have you ever been involuntarily terminated or asked to resign from a position?  Yes  No If yes, please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Have you ever used any other name under which employment or education may be verified?  Yes  No

If Yes, please identify that name: \_\_\_\_\_

Are you willing to travel in conjunction with your work if required?  Yes  No

If relevant to the position for which you are applying, do you have a valid driver license?  Yes  No

If Yes, please identify the license number, state and date of expiration (Lic#/State/Exp): \_\_\_\_\_

If relevant to the position for which you are applying, do you have a valid California vehicle registration?  Yes  No

If Yes, can you provide your personal automobile for business use, if necessary?  Yes  No

Please indicate any licenses, registrations or certificates relevant to the position for which you are applying. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Has your license ever been suspended or otherwise disciplined?  Yes  No If Yes, please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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**References**

LIST NAMES OF PERSONS  
WILLING TO PROVIDE  
PROFESSIONAL AND/OR  
CHARACTER REFERENCE. DO  
NOT INCLUDE RELATIVES.

Name	Address, Street and Number	
Business Number	Home Number	Cell Phone Number
<hr/>		
Name	Address, Street and Number	
Business Number	Home Number	Cell Phone Number
<hr/>		
Name	Address, Street and Number	
Business Number	Home Number	Cell Phone Number

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**Authorization**

**Please read the following statements carefully, as they represent matters of importance to both you and ArtCenter College of Design ("the College"). After reading each statement, please initial each paragraph in the space provided and sign below.**

*I understand and agree that:*

The information that I provide on this application, and all other statements, material or information that I submit along with this Application (including, without limitation, my resume), or during any interview, is true and complete to the best of my knowledge. I hereby authorize the College to thoroughly investigate any of the statements made as part of my application or during any interview unless I have indicated to the contrary in this Employment Application. Any misrepresentation or omission of any fact in my application, resume, or any other materials submitted in conjunction with my application, or during any interview shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery. \_\_\_\_\_

I authorize and request all of my present\* and former employers and those individuals I have listed as references to furnish information to the College (without giving me prior notice of such disclosure) about my qualifications, as well as my employment record, including, without limitation, information concerning the reason for the termination of my employment, work performance, abilities, and other qualities pertinent to my qualifications for employment with the College. \_\_\_\_\_

I understand that if I am employed, as a condition of my employment I may be required to work overtime. In the event I am required to work overtime I will be compensated in accordance with applicable federal, state, or local wage and hour laws, unless I am exempt from such laws.  
\_\_\_\_\_

I understand that in the event I am offered a position with the College, I will be given a voluntary mutual agreement to arbitrate for my review.  
\_\_\_\_\_

In the event I am offered a position with the College and I accept such offer, in consideration of my employment, I agree to comply with the policies, rules, regulations, and procedures of the College, I further agree that my employment and compensation are for an unspecified term, may be terminated at will, with or without cause and with or without notice, at any time, either at my option or at the option of the College. I understand that no employee or representative of the College, other than its President, has the authority to enter into any agreement for employment for any specified period, or to make any express or implied agreement contrary to the foregoing. Further, the President of the College may not alter the at-will nature of the employment relationship or enter into any employment agreement for a specified period of time unless the President and I both sign a written agreement that clearly and expressly specifies the intent to do so. I agree that this shall constitute a final and fully binding integrated agreement with respect to the at-will nature of my employment relationship, should I be hired, and that there are no oral or implied agreements regarding this issue. \_\_\_\_\_

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**Signature**

*I understand and acknowledge that this Application does not in any way constitute an offer of employment.*

\_\_\_\_\_  
Last Name, First Name, Middle Initial

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\*Present employer will only be contacted with your consent or after you have given notice of resignation.