



**APPLICATION FOR EMPLOYMENT**

**INSTRUCTIONS:** Please type or print in dark ink. Answer all of the questions on your application accurately.

Position Desired \_\_\_\_\_ Today's Date \_\_\_\_\_ Social Security Number \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Email Address \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Home ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_\_ Cell ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_\_ Work ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_\_

Are you available to work: \_\_\_\_\_ PART-TIME \_\_\_\_\_ FULL-TIME \_\_\_\_\_ TEMPORARY

On what date would you be available for work? \_\_\_\_\_

Do you have reliable transportation? Yes \_\_\_\_\_ No \_\_\_\_\_  
 (The College depends on individuals that are able to arrive at work timely and consistently to best service our students.)

Can you travel if the job requires it? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever filed an application with AIB before? Yes \_\_\_\_\_ No \_\_\_\_\_  
 If yes, when? \_\_\_\_\_ For what position(s) \_\_\_\_\_

Have you ever been employed by AIB College of Business before? Yes \_\_\_\_\_ No \_\_\_\_\_  
 If yes, when? \_\_\_\_\_ For what position(s) \_\_\_\_\_

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

Are you legally eligible for employment in the United States? Yes \_\_\_\_\_ No \_\_\_\_\_  
 (Proof of citizenship or immigration status will be required upon employment.)

Have you ever been convicted of a misdemeanor? Yes \_\_\_\_\_ No \_\_\_\_\_ A felony? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes to either, explain. \_\_\_\_\_

**Employment with AIB is contingent on the results of a completed background check.**

***AIB COLLEGE OF BUSINESS IS AN EQUAL OPPORTUNITY EMPLOYER***

# APPLICATION FOR EMPLOYMENT

List most recent employment first. Give complete and accurate information about your employment record.

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Employer \_\_\_\_\_ Employed From \_\_\_\_\_ to \_\_\_\_\_  
Address \_\_\_\_\_ Supervisor \_\_\_\_\_  
\_\_\_\_\_  
Your Job Title \_\_\_\_\_  
Job Duties \_\_\_\_\_  
\_\_\_\_\_  
Starting Salary \_\_\_\_\_ Ending Salary \_\_\_\_\_ Phone Number \_\_\_\_\_  
Reason for Leaving? \_\_\_\_\_ May we contact this employer? Yes \_\_\_ No \_\_\_

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Employer \_\_\_\_\_ Employed From \_\_\_\_\_ to \_\_\_\_\_  
Address \_\_\_\_\_ Supervisor \_\_\_\_\_  
\_\_\_\_\_  
Your Job Title \_\_\_\_\_  
Job Duties \_\_\_\_\_  
\_\_\_\_\_  
Starting Salary \_\_\_\_\_ Ending Salary \_\_\_\_\_ Phone Number \_\_\_\_\_  
Reason for Leaving? \_\_\_\_\_ May we contact this employer? Yes \_\_\_ No \_\_\_

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Employer \_\_\_\_\_ Employed From \_\_\_\_\_ to \_\_\_\_\_  
Address \_\_\_\_\_ Supervisor \_\_\_\_\_  
\_\_\_\_\_  
Your Job Title \_\_\_\_\_  
Job Duties \_\_\_\_\_  
\_\_\_\_\_  
Starting Salary \_\_\_\_\_ Ending Salary \_\_\_\_\_ Phone Number \_\_\_\_\_  
Reason for Leaving? \_\_\_\_\_ May we contact this employer? Yes \_\_\_ No \_\_\_

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Employer \_\_\_\_\_ Employed From \_\_\_\_\_ to \_\_\_\_\_  
Address \_\_\_\_\_ Supervisor \_\_\_\_\_  
\_\_\_\_\_  
Your Job Title \_\_\_\_\_  
Job Duties \_\_\_\_\_  
\_\_\_\_\_  
Starting Salary \_\_\_\_\_ Ending Salary \_\_\_\_\_ Phone Number \_\_\_\_\_  
Reason for Leaving? \_\_\_\_\_ May we contact this employer? Yes \_\_\_ No \_\_\_

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# EDUCATION

School	Name of School and Location	Major	Graduate? If so, list Degree
High School			
College			
College			
Graduate School			
Other			

Describe job-related training received in the U.S. military.

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Continuing education courses, workshops, seminars, training, etc.

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Membership in professional, trade, business, or civic activities and offices held (exclude those which may disclose your race, color, religion, national origin, gender, age, disability, or other protected status).

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Special Skills/Abilities: {e.g., typing speed, computer software, electrical knowledge, fireman's license, etc.}

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# REFERENCES

List three professional persons whom you have known at least one year and are not related to you.

Name : \_\_\_\_\_ Relationship \_\_\_\_\_

Phone \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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Name : \_\_\_\_\_ Relationship \_\_\_\_\_

Phone \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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Name : \_\_\_\_\_ Relationship \_\_\_\_\_

Phone \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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# CERTIFICATION AND RELEASE AUTHORIZATION

I authorize investigation of all statements contained in this application. I understand that in processing my application with AIB College of Business (“AIB”), an investigation may be made in which information is obtained through personal interviews, through an outside vendor investigation, and a review of information held by law enforcement or other government agencies.

I authorize you to verify my past employment and education, criminal records, credit history, motor vehicle records, personal references, and other job-related data provided on this application or via the interview process. I authorize the appropriate individuals, companies, institutions or agencies to release information, and I release them from any liability as a result of such inquiries or disclosures. I further understand and waive my right of privacy in this investigation and release and hold harmless AIB from any liability. I have a right under the “Fair Credit Reporting Act” to obtain a copy of this report by directing a written request to AIB.

AIB may consider public information and other information to which it has lawful access when reviewing an applicant or employee in any employment-related decisions. This may include information that is contained in social media sites, blogs, and other electronic sites. If there is information that pertains to you that you believe requires explanation, interpretation, or clarification when it is considered by AIB, it is your obligation to communicate this information to AIB.

I understand that, if employed, false statements or omissions on this application may result in rejection of my application or discharge at any time during my employment. I understand my offer for employment is contingent on the results of a completed background check. Under most circumstances, background checks will be completed prior to the first day of employment. However, if employment begins prior to receipt of the results, continued employment is contingent upon the results of the background check. I will be informed of any findings of concern and be given the opportunity to verify or dispute the accuracy or completeness of the information.

I hereby understand that my employment relationship with AIB is “at will,” and that I may resign at any time or AIB may discharge me at any time with or without cause. I recognize that none of the policies, practices, or procedures discussed in the application process constitutes an employment contract or a promise of permanent employment.

I agree that any decision to hire me is contingent upon the results of my background report and certify that all statements and answers on my application, resume, or interview are true and complete to the best of my knowledge.

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**Signature**

**Date**

AIB does not unlawfully discriminate in hiring or any aspect of the employment relationship on the employee’s race, color, national origin, religion, sexual orientation, gender, gender identity, age, disability, genetic information, or any other class protected by federal, state, or local laws in the jurisdiction in which the employment is performed.

AIB, in willing compliance with the Clery Act (Public Law 101-542), publishes annual crime statistics. A complete report is available on our website, [www.aib.edu](http://www.aib.edu) at the Campus Safety link, or from the Human Resources Office, upon request.

Due to the acknowledged hazards of tobacco use, it is the policy of AIB to provide a tobacco-free environment for all employees, students, and visitors. Tobacco use is prohibited in all AIB buildings, grounds, parking lots, inside vehicles owned by AIB, and inside personal vehicles parked in the AIB parking lots. Tobacco products include, but are not limited to, cigarettes, cigars, chewing tobacco, snuff, and tobacco pipes. This policy is in compliance with the Iowa Smokefree Air Act.