



## EDUCATION/TRAINING

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Did you receive a high school diploma or G.E.D.? Yes  No

### College/University

Name, City, State of college or university:

Major Field:

Degree(s):

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Circle number of years completed: 1 2 3 4 5 6

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### Other form of training including military, trade or professional school

Name, City, State of school or branch of military:

Type of training:

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## SPECIAL SKILLS

Please list any special skills or abilities which you think may be useful in your employment at Occidental.  
Any craft, trade, technical, clerical or professional skill should be included.

**Skill/Ability**

**Duration of Training**

**Length of Experience**

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Foreign Languages: Speak \_\_\_\_\_ Read/Write: \_\_\_\_\_

Typing Speed: Keyboard \_\_\_\_\_

Word Processing and Computer equipment operated: (list specific software programs)

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Other office skills: \_\_\_\_\_

Other office machines operated: \_\_\_\_\_

## EMPLOYMENT/EXPERIENCE

Please list all your present and past work experience for the last 10 years, beginning with your present job, including self-employment and unpaid or voluntary experience.

To assist us to check records and verify prior employment and education, please indicate whether you were ever employed or enrolled under a name other than that used on this application. Please specify the name you were employed or enrolled under if applicable: \_\_\_\_\_

Are you employed now? Yes  No  If yes, may we inquire of your present employer? Yes  No

<b>Name of Employer</b>				Your Job Title
Address of employer				Describe Work You Performed
City/State/Zip Code		Telephone (    )		
Supervisor's Name and Job Title				
Date Started	Date Ended	Duration	Rate of Pay Start      Last	Reason for Leaving
<b>Name of Employer</b>				Your Job Title
Address of employer				Describe Work You Performed
City/State/Zip Code		Telephone (    )		
Supervisor's Name and Job Title				
Date Started	Date Ended	Duration	Rate of Pay Start      Last	Reason for Leaving
<b>Name of Employer</b>				Your Job Title
Address of employer				Describe Work You Performed
City/State/Zip Code		Telephone (    )		
Supervisor's Name and Job Title				
Date Started	Date Ended	Duration	Rate of Pay Start      Last	Reason for Leaving
<b>Name of Employer</b>				Your Job Title
Address of employer				Describe Work You Performed
City/State/Zip Code		Telephone (    )		
Supervisor's Name and Job Title				
Date Started	Date Ended	Duration	Rate of Pay Start      Last	Reason for Leaving

If you need additional space, please continue your response on a separate page.

### Period of Unemployment

Provide dates, and accounts for your time during any intervals of unemployment.

Dates	Reason

## ADDITIONAL INFORMATION

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## REFERENCE INFORMATION

**Please list the names of three professional references.**

Person to Contact/Title	Name and Address of Company	Telephone (with area code)
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I hereby certify that the information contained in this application form is true and correct to the best of my knowledge and agree to have any of the statements checked by the College unless I have indicated to the contrary. I authorize the references listed above, as well as all other individuals whom Occidental College contacts, to provide the College with any and all information concerning my previous employment and any other pertinent information that they may have. Further, I release all parties and persons from any and all liability for any damages that may result from furnishing such information to the College as well as from any use or disclosure of such information by the College or any of its agents, employees, or representatives. I understand that misrepresentation, falsification or material omission of information on this application, or any supplement thereto may result in my failure to receive an offer of employment, or if I am hired, my immediate dismissal from employment.

In consideration of my employment, I agree to conform to the policies and standards of the College, as amended by the College from time to time in the College's sole discretion. I hereby acknowledge that no contrary representation has been made to me prior to the date on which I have signed this application.

I also understand that all offers of employment are conditioned on the provision of satisfactory proof of an applicant's identity and legal authority to work in the United States, and upon satisfactory completion of a post offer background investigation.

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Applicant's Signature

Date