

Human Resources Employment Application



1700 Lida Street, Pasadena, CA 91103
Phone 626.396.2270 Fax 626.396.4296
artcenter.edu

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: ☐ Fluent ☐ Well ☐ Slight

Language: _____

Speaking Aptitude: ☐ Fluent ☐ Well ☐ Slight

Language: _____

Writing Skills: ☐ Fluent ☐ Well ☐ Slight

Language: _____

Writing Skills: ☐ Fluent ☐ Well ☐ 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 ServiceLIST 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 ☐ NoIn 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 ☐ NoHave 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 ☐ NoIf 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 ☐ NoIf 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: _____

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

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 agree and acknowledge that, to the fullest extent permitted by law, the College and I will use binding arbitration to resolve any and all disputes between us arising out of or in any way related to my application, or recruitment to the College or my employment relationship with the College, including any disputes upon termination, by final and binding arbitration before a single neutral arbitrator as the sole and exclusive remedy of the parties. The disputes subject to this agreement include, but are not limited to, all potential claims relating to employment and termination of employment, such as breach of contract, tort, discrimination, harassment, wrongful termination, demotion or discipline, failure to accommodate, denial of leave, compensation or benefits claims, and claims for violation of any local, state or federal constitution, law, statute, regulation or ordinance or common law to the fullest extent permitted by law, regardless of whether such dispute is initiated by me or the College. Thus, this bilateral arbitration agreement fully applies to any and all claims that the College may have against me, including (but not limited to) claims for misappropriation of College property, disclosure of proprietary information or trade secrets, interference with contract, trade libel, gross negligence, or any other claim for alleged wrongful conduct or breach of the duty of loyalty. Nevertheless, claims for workers' compensation benefits or unemployment insurance, those arising under the National Labor Relations Act, and any other claims where mandatory arbitration is prohibited by law, are not covered by this arbitration agreement, and such claims may be presented by either the College or me to the appropriate court or government agency. The parties understand that by entering into this agreement to arbitrate, both parties are giving up their right to have any such dispute decided in a court of law, and if applicable, before a jury, and instead, agree to the use of binding arbitration pursuant to the procedures referenced in this Agreement. Such arbitration shall be conducted under the Federal Arbitration Act, in conformity with the American Arbitration Association's ("AAA") then current Employment Arbitration Rules (available on-line at www.adr.org). The arbitration will be conducted in Los Angeles County, California, by a single neutral arbitrator. The parties may conduct discovery to the same extent as would be permitted in a court of law. The arbitrator shall issue a reasoned, written decision stating the essential findings and conclusions on which the award is based and shall have full authority to enter any award that could be entered by a judge. The College shall bear the full costs of the arbitrator, AAA administrative expenses and filing fees. Each party shall bear its own attorneys' fees and all other costs, unless otherwise required or allowed by law and awarded by the arbitrator. Any judgment upon any award rendered by the arbitrator may be entered into any court having jurisdiction thereof. The parties agree to abide by and perform any valid award rendered by the arbitrator. Any offer of employment I may receive is contingent on my agreeing to arbitrate. _____

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. _____

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.