

DigiPen Institute of Technology

9931 Willows Road NE ■ Redmond Washington 98052 ■ Phone: (425) 558.0229 ■ Fax: (425) 558.0378 ■ <http://www.digipen.edu>

Application For Employment

Instructions: This application must be filled out completely, typed or printed in ink, and signed in order to be considered. You are encouraged to attach a résumé and letter of interest. All applicants will receive a written acknowledgement that application materials have been received. Applicants who are selected for interviews will be contacted by phone or letter.

Social Security Number (Voluntary now, required upon employment.)

Date: _____

- -

Position for which you are applying: _____

Personal Data

Name		
Street Address		
City, State, ZIP Code		
Home Telephone	Business Telephone	Email
List other names under which you have attended school, been employed, or been known by:		
Are you 18 years age or older? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Are you legally eligible to work in the U.S.? Yes <input type="checkbox"/> No <input type="checkbox"/>		

Our Mission: *The DigiPen Institute of Technology, through its programs of study:*

- *Offers higher education to those who would like to pursue studies and careers in fields of interactive computer technologies, which include graphics and real-time interactive simulation, and*
- *Provides highly qualified personnel to the interactive computer industries to sustain their growth and productivity.*

Employment Record List present or most recent experience first. Statements such as “see résumé” do not substitute for completing any portion of the application. Attach additional sheets as necessary. Faculty applicants may be required to submit transcripts.

Title	Duties		
Firm Name			
Street Address			
City			
Supervisor's Name	Supervisor's Telephone ()	Starting Salary	Ending Salary
Dates of Employment (Mo/Yr – Mo/Yr)	Reason for leaving		

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Professional Reference			
Name	Address	Telephone Number ()	Official Position
Name	Address	Telephone Number ()	Official Position
Name	Address	Telephone Number ()	Official Position

Licenses and Certificates List your professional licenses, permits, and certificates.				
License	Type	State	Effective Date	Expiration Date
License	Type	State	Effective Date	Expiration Date
License	Type	State	Effective Date	Expiration Date

Education	
Have you graduated from high school or received a GED certificate? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Name of High School _____	City, State, ZIP Code _____

Name of School	Street Address City, State, ZIP	From Mo/Yr	To Mo/Yr	Total Credits Completed	Degree or Diploma	Major

CRIMINAL INFORMATION

Have you ever been convicted of a crime or released from prison within the last ten years? Yes No If yes, list each crime and the date of conviction. (Conviction does not necessarily bar you from employment.)

Applicant's Certification and Agreement

Please read carefully

I hereby certify that the information provided in this application and in any accompanying materials is true and complete, and that there is no misrepresentation or falsification in any of the statements or answers. I agree that if an investigation discloses any misrepresentation or falsification, such disclosure will constitute grounds for rejection of application or immediate dismissal from employment.

I hereby consent to and authorize any of my former employers to furnish and all relevant information concerning my previous employment records. In addition, I consent to and authorize the educational institutions that I attended to furnish any and all relevant information concerning my educational background.

I hereby consent to, and authorize DigiPen to conduct criminal and/or background checks in connection with this application.

I release all parties concerned with any request for information from all claims, liability, and damages for whatever reason arising out of furnishing this information. If employed, I agree that DigiPen Institute of Technology may provide references in the future regarding my work history at the institute.

I understand that my employment is contingent upon providing proof of employment eligibility and identity and I will present the necessary documents when asked.

A photocopy of this release shall have the same effect as the original

I have read and understand all information on this application

Printed Name _____ Signature _____ Date _____