



# Application for Employment

EOE

Equal access to programs, services and employment is available to all persons. Those applicants requiring accomodation to the application and or interview process should contact a representative of the Library.

### PLEASE PRINT

Position(s) applied for \_\_\_\_\_ Date of application \_\_\_\_/\_\_\_\_/\_\_\_\_  
Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

Telephone ( ) \_\_\_\_\_ E-mail \_\_\_\_\_ Social Security Number \_\_\_\_\_ - \_\_\_\_\_

If you are under 18, can you furnish a work permit?  Yes  No

Have you ever been employed here before?  Yes  No

Are you legally eligible for employment in this country?  Yes  No

**(Proof of US. Citizenship or immigration status will be required upon employment)**

Type of employment desired  Full-time  Part-time  Temporary  Seasonal  Work Study w/Local College

Have you been convicted of a felony in the last seven (7) years?  yes  No

(Such conviction may be relevant if job related, but does not bar you from employment.)

If yes, please explain \_\_\_\_\_

Driver's license number (if job-related) \_\_\_\_\_ State \_\_\_\_\_

### Employment History

List your last three (3) employers, assignments or volunteer activities, starting with the most recent, including military experience

FROM	To	EMPLOYER	TELEPHONE
JOB TITLE		ADDRESS	
IMMEDIATE SUPERVISOR-AND TITLE		Summarize THE NATURE OF WORK PERFORMED AND JOB RESPONSIBILITIES	
REASON FOR LEAVING			

FROM	To	EMPLOYER	TELEPHONE
JOB TITLE		ADDRESS	
Immediate SUPERVISOR AND TITLE		SLMMARZE The Nature OF WORK PERFORMED AND JOB RESPONSIBILITIES	

FROM	To	EMPLOYER	TELEPHONE
JOB TITLE		ADDRESS	
IMMEDIATE SWERVISOR AND TITLE		Summarize THE NATURE OF WORK PERFORMED AND JOB RESPONSIBILITIES	
Reason FOR LEAVNG			

### Skills and Qualifications

Summarize any training, skills, licenses, certificates and/or characteristics of yourself that may qualify you as being able to perform job-related functions for the position which you are applying \_\_\_\_\_

### Educational Background

NAME AND LOCATIONS	YEARS Completed	Did you graduate?	Course of study
HIGH SCHOOL			
COLLEGE		MAJOR   DEGREE	
OTHER			

**References (business references preferred)**

Name	Telephone	Years Known/Relationship

It is understood and agreed upon that any misrepresentation by me on this application will be sufficient cause for cancellation of this application and/or separation from the employer's service if I have been employed.

I give the employer the right to investigate all references and to secure additional information about me, if job-related. I hereby release from liability the employer and its representative for seeking such information, and all other persons, corporations or organizations for furnishing such information.

The employer is an Equal Opportunity Employer. The employer does not discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant's consideration for employment on a basis prohibited by local, state or federal law.

This application is current for **only 90 days**. At the conclusion of this time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to fill out a new application.

I understand that just as I am free to resign at any time, the employer reserves the right to terminate my employment at any time, with or without cause and without prior notice. I understand that no representative of the employer has the authority to make any assurances to the contrary.

I understand it is this company's policy not to refuse to hire a qualified individual with a disability because of this person's need for an accommodation that would be required by the **ADA**.

How would you plan to accomplish the essential requirements of this job and is there anything that would prevent you from satisfactorily performing the job for which you are applying?

If yes, please explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_