

LIBRARY DISTRICT #1 DONIPHAN COUNTY APPLICATION FOR EMPLOYMENT

Library District #1 Doniphan County is an equal opportunity employer. Library District #1 does not discriminate in employment with regard to race, color, religion, national origin, citizenship status, ancestry, age, sex, sexual orientation, marital status, physical or mental disability, military status or any other characteristic protected by law.

**PERSONAL INFORMATION**

*Incomplete information could disqualify you from further consideration. Please complete all fields.*

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

E-mail Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_

Are you eligible to work in the U.S.? \_\_\_\_ Yes \_\_\_\_ No

Are you at least 18 years or older? \_\_\_\_ Yes \_\_\_\_ No

Have you ever been terminated from employment or asked to resign by an employer? \_\_\_\_ Yes \_\_\_\_ No

If yes, please provide company names and details \_\_\_\_\_

Can you work any shift? \_\_\_\_ Yes \_\_\_\_ No If no, please explain: \_\_\_\_\_

Can you work overtime, including weekends? \_\_\_\_ Yes \_\_\_\_ No

Are you able to perform the essential functions of the job for which you are applying, with or without a reasonable accommodation? \_\_\_\_ Yes \_\_\_\_ No

**EMPLOYMENT DESIRED**

Date you can start \_\_\_\_\_ Hourly rate/Salary desired \_\_\_\_\_

Position desired \_\_\_\_\_

Are you currently employed? \_\_\_\_ Yes \_\_\_\_ No If so, may we contact your present employer? \_\_\_\_\_

**REFERRAL SOURCE**

How did you hear of this position? Walk-In    Advertisement    Referral    Other

Have you ever worked in Library District #1? \_\_\_\_ Yes \_\_\_\_ No Explain \_\_\_\_\_

Do you know anyone who works for the Library? If yes, who? \_\_\_\_\_

EDUCATION	NAME/LOCATION OF SCHOOL	DEGREE RECEIVED	SUBJECTS STUDIED\ MAJOR
HIGH SCHOOL			
COLLEGE OR UNIVERSITY			
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL			

### **EMPLOYMENT HISTORY**

Include your last seven years of employment history, including periods of unemployment, starting with the most recent and working backwards in time. *Incomplete information could disqualify you from further consideration.*

FROM-TO	EMPLOYER NAME AND PHONE CONTACT
JOB TITLE	ADDRESS
IMMEDIATE SUPERVISOR/TITLE	SUMMARIZE THE NATURE OF WORK PERFORMED AND JOB RESPONSIBILITIES
REASON FOR LEAVING	

FROM-TO	EMPLOYER NAME AND PHONE CONTACT
JOB TITLE	ADDRESS
IMMEDIATE SUPERVISOR/TITLE	SUMMARIZE THE NATURE OF WORK PERFORMED AND JOB RESPONSIBILITIES

<b>REASON FOR LEAVING</b>	

<b>FROM-TO</b>	<b>EMPLOYER NAME AND PHONE CONTACT</b>
<b>JOB TITLE</b>	<b>ADDRESS</b>
<b>IMMEDIATE SUPERVISOR/TITLE</b>	<b>SUMMARIZE THE NATURE OF WORK PERFORMED AND JOB RESPONSIBILITIES</b>
<b>REASON FOR LEAVING</b>	

Do you have any special skills, experience and/or training that would enhance your ability to perform the available position? Please explain. \_\_\_\_\_

\_\_\_\_\_

#### **REFERENCES**

Give the names of three persons not related to you, whom you have known for at least three years.

<b>NAME</b>	<b>ADDRESS, PHONE, EMAIL</b>	<b>COMPANY</b>	<b>YEARS ACQUAINTED</b>

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**PLEASE READ CAREFULLY BEFORE SIGNING.**

I understand that the completion of this application does not any obligate Library District #1 to hire me and that nothing contained in the application or said to me during the employment process constitutes a contract or guarantee of employment. If I am hired, I understand that either Library District #1 or I can terminate my employment at any time and for any reason, with or without cause and without prior notice. I understand that no representative of Library District #1 has the authority to make any assurance to the contrary.

I authorize Library District #1 to contact references provided. I agree to complete drug screening and a background check, if hired by the District, as a condition of continued employment. In doing so, I agree to hold Library District #1 harmless for any possible liability arising therefrom. I attest with my signature below that I have given Library District #1 true and complete information on this application to the best of my knowledge. I understand that, if I am employed, falsified or concealed statements on or regarding this application shall be grounds for dismissal, no matter when discovered.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_