



Employment Application

Position Applied For: _____

LAST NAME	FIRST NAME	MIDDLE INITIAL
NUMBER & STREET		
CITY	STATE	ZIP CODE
HOME PHONE	BUSINESS PHONE	
SOCIAL SECURITY NO.	DRIVER'S LICENSE (If Required) Number: _____ Class: _____ State: _____	

FOR OFFICE USE ONLY	
Eligibility Review:	
<input type="checkbox"/>	Qualified
<input type="checkbox"/>	Disqualified
<input type="checkbox"/>	Pending
Reason Ineligible:	
<input type="checkbox"/>	Education
<input type="checkbox"/>	Experience
<input type="checkbox"/>	Late Filing
<input type="checkbox"/>	Min. Age
<input type="checkbox"/>	Other _____

<p>A. Are you over 18? Yes No If you are under 18, can you provide required proof of your eligibility to work? Yes No</p> <p>B. Can you, if hired, submit verification of your legal right to work in the U.S.A.? <i>You will be required to furnish this verification prior to employment.</i> Yes No</p> <p>C. Are you currently employed? Yes No May we contact your present employer? Yes No <i>If no, please provide explanation bellow under "Remarks."</i></p>	<p>D. Do you have a physical or mental condition which will require any special accommodation to participate in the selection process? <i>If yes, please explain what type(s) of accommodation is required under "Remarks."</i> Yes No</p> <p>E. Have you ever been convicted of a felony of any kind or a misdemeanor involving force, violence, or sexual acts or intercourse with a minor or any misdemeanor involving moral turpitude (including but not limited to crimes such as robbery, theft, embezzlement, burglary, etc.)? <i>If "yes", you must fully disclose the nature of each conviction and date of conviction under "Remarks."</i> Yes No</p> <p>F. Have you ever been discharged or asked to resign from a position? <i>If yes, please provide an explanation under "Remarks."</i> Yes No</p>
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EQUAL OPPORTUNITY EMPLOYER
 Requirement to provide an explanation to any of the above questions will not automatically disqualify this application. However, failure to provide complete and accurate information may be cause for disqualification.
PLEASE CONTACT THE LIBRARY IF YOU REQUIRE VISUAL ASSISTANCE WITH THIS APPLICATION

Remarks

REFERENCES

Please provide three (3) work-related references

1. Name/Title _____ Business Name _____ Phone _____
2. Name/Title _____ Business Name _____ Phone _____
3. Name/Title _____ Business Name _____ Phone _____

EDUCATION

**If required, can you show proof that you have graduated from High School or received your G.E.D. Certificate Yes No

Names and locations of Colleges/Universities	Course of Study	Degree or Certificate

Other Licenses or Professional Certificates:

SKILLS/PROFESSIONAL EXPERTISE

Include any special skills or memberships that you believe may enhance your qualifications:

WORK EXPERIENCE

**Please provide your work experience for the last ten (10) years beginning with your most recent job and include any periods of unemployment.
Attach additional sheet(s) if necessary, to completely report qualifying experience.**

Employer:	Position Title:
From: Month/Year To: Month/Year	Duties:
Street Address:	
City and State:	
Name of Supervisor: Phone:	Reason for Leaving Salary Hours Per Week

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From: Month/Year To: Month/Year	Duties:
Street Address:	
City and State:	
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Employer:	Position Title:
From: Month/Year To: Month/Year	Duties:
Street Address:	
City and State:	
Name of Supervisor: Phone:	Reason for Leaving Salary Hours Per Week

I certify that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date. I authorize the investigation of any or all statements contained in this application. I understand that this application, verbal statements by management, or subsequent employment does not create an express or implied contract of employment nor guarantee employment for any definite period of time. I understand that, if hired, I have been hired at the will of the employer and my employment may be terminated at any time, with or without reason and with or without notice. I have read, understand, and by my signature consent to these statements.

Signature _____ Date _____