

It is the policy of the Ella Johnson Memorial Public Library District (Library) to provide equal employment opportunities to all applicants without regard to race, color, religion, national origin, sex, ancestry, citizenship, disability, marital status, pregnancy, sexual orientation, age, (for non-fiduciary positions) unfavorable military discharge, genetic information or any other protected status based on local, state or federal law. We will provide reasonable accommodations to allow you to participate in the application process (i.e., accommodations for a test or job interview) if you indicate such a need.

PERSONAL INFORMATION

NAME (LAST NAME FIRST)				EMAIL ADDRESS	
PRESENT ADDRESS	APT. NO.	CITY	STATE	ZIP	
PERMANENT ADDRESS	APT. NO.	CITY	STATE	ZIP	
ARE YOU 18 YEARS OR OLDER? <input type="checkbox"/> YES <input type="checkbox"/> NO	PHONE		CELL PHONE		

IF HIRED, CAN YOU PROVIDE WRITTEN EVIDENCE THAT YOU ARE AUTHORIZED TO WORK IN THE U.S.? __ Yes __ No

DESIRED EMPLOYMENT

POSITION	<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> TEMPORARY	DATE YOU CAN START	SALARY DESIRED
IF PART TIME, LIST AVAILABILITY:			
ARE YOU EMPLOYED NOW? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO		
HAVE YOU EVER APPLIED TO THIS LIBRARY BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	WHERE?	WHEN?	
HAVE YOU EVER WORKED FOR THIS LIBRARY BEFORE? (EVEN AS A TEMPORARY EMPLOYEE) <input type="checkbox"/> YES <input type="checkbox"/> NO	WHERE?	WHEN?	
IF YES, REASON FOR LEAVING			
NAME OF LAST SUPERVISOR AT THIS LIBRARY			
WHO REFERRED YOU TO THIS LIBRARY?			
<input type="checkbox"/> EMPLOYMENT AGENCY	<input type="checkbox"/> NEWSPAPER/INTERNET ADVERTISING	<input type="checkbox"/> FRIEND _____	
<input type="checkbox"/> STATE EMPLOYMENT OFFICE	<input type="checkbox"/> COLLEGE PLACEMENT SERVICE	<input type="checkbox"/> OTHER _____	

EDUCATION

SCHOOL LEVEL	NAME AND LOCATION OF SCHOOL	NO OF YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED/DEGREE
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL				

GENERAL

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK
SPECIAL TRAINING
SPECIAL SKILLS

FORMER EMPLOYERS

LIST BELOW LAST THREE EMPLOYERS, STARTING WITH THE MOST RECENT ONE FIRST.

NAME OF PRESENT OR LAST EMPLOYER			
ADDRESS	CITY	STATE	ZIP
STARTING DATE	LEAVING DATE	JOB TITLE	
STARTING SALARY	FINAL SALARY	MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO	
NAME OF SUPERVISOR/REFERENCE	TITLE	PHONE	
DESCRIPTION OF WORK			
REASON FOR LEAVING			

NAME OF PREVIOUS EMPLOYER			
ADDRESS	CITY	STATE	ZIP
STARTING DATE	LEAVING DATE	JOB TITLE	
STARTING SALARY	FINAL SALARY	MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO	
NAME OF SUPERVISOR/REFERENCE	TITLE	PHONE	
DESCRIPTION OF WORK			
REASON FOR LEAVING			

NAME OF PREVIOUS EMPLOYER			
ADDRESS	CITY	STATE	ZIP
STARTING DATE	LEAVING DATE	JOB TITLE	
STARTING SALARY	FINAL SALARY	MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO	
NAME OF SUPERVISOR	TITLE	PHONE	
DESCRIPTION OF WORK			
REASON FOR LEAVING			

SERVICE RECORD

BRANCH OF SERVICE	DISCHARGE DATE /RANK

<p>HAVE YOU BEEN CONVICTED OF A FELONY WITHIN THE LAST 5 YEARS?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Do not include any traffic violations, juvenile offenses, military convictions except by general court martial, misdemeanors or convictions that have been expunged, sealed, or impounded under Section 5 of the Criminal Identification Act.</p>
<p>IF YES, EXPLAIN (WILL NOT NECESSARILY EXCLUDE YOU FROM CONSIDERATION)</p>

APPLICANT'S CERTIFICATION AND AGREEMENT

I HEREBY CERTIFY that my answers to the foregoing questions are true and complete and that I have not knowingly withheld any facts, circumstances or other information that would, if disclosed, affect my application. I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for will result in my failure to be hired or immediate dismissal if discovered post-hire. I authorize the investigation of all matters contained in this application and hereby give Ella Johnson Memorial Public Library District permission to contact schools, previous employers, references, and others, and hereby release *the Ella Johnson Memorial Public Library District* and all persons and corporations requesting or supplying such information from any liability as a result of such contact.

I UNDERSTAND that, absent the Library's specific agreement to the contrary, the Library may call some or all of my former places of employment both to verify the dates of my employment and to seek information regarding my job conduct and performance while so employed. My signature on the authorization form accompanying this application specifically authorizes each and every of my former employers to release information regarding my job conduct and performance as an employee.

I UNDERSTAND that should I be given employment, such employment shall be at will for an indefinite period of time and may be terminated at will, at any time, for any reason, by me or by *the Library* without notice. I further understand that only the Library Director has the authority to enter into any agreement for employment for a specified period of time or to make any agreement contrary to this at-will understanding and that any such agreement must be in writing.

I UNDERSTAND that if I am employed, the terms and conditions of my employment will be governed by this application and the Library's terms of employment, policies, and procedures as issued and amended from time to time by the Library.

I understand this application will be active for a period of one year; after that time, if I wish to be considered for employment, I must submit a new application.

Applicants are required to furnish proof of identity and proof of legal authorization to work in the United States, prior to hire.

Applicant Signature/Date of Application