

VAN BUREN DISTRICT LIBRARY

EMPLOYMENT APPLICATION
An Equal Opportunity Employer

NAME (Last, First, Middle Initial)

TODAY'S DATE

CURRENT ADDRESS

PHONE NUMBER

Street City State County Zip

The careful completion of this application is an important step in our consideration of individuals for employment. Please complete the entire application. Print in ink. Additional space is available on the back if you need to clarify any responses. Your application must also specify the position for which you are applying. Your application will become inactive after 90 calendar days unless you inform our Personnel Office, in writing, and prior to the expiration of the 90-day period, that you want your application to remain active. Specific positions may require educational or job experience not listed on the application. Thank you.

POSITION FOR WHICH YOU ARE APPLYING

POSITION DESIRED (USE SPECIFIC TITLE) _____

DATE AVAILABLE _____

WAGE EXPECTED? _____ HAVE YOU EVER APPLIED FOR A JOB WITH US BEFORE? _____ WHEN? _____

FOR WHAT POSITION(S)? _____

ARE YOU APPLYING FOR FULL-TIME, PART-TIME, OR TEMPORARY WORK? _____

DESCRIBE KNOWLEDGE/EXPERIENCE WITH FAX MACHINES, COPIERS, ELECTRIC TYPEWRITERS, MULTI-LINE TELEPHONES, AND COMPUTERS: _____

BACKGROUND INFORMATION

ARE YOU CURRENTLY EMPLOYED? _____ BY WHOM? _____

HAVE YOU EVER BEEN DISCHARGED, SUSPENDED, OR RESIGNED TO AVOID DISCHARGE? _____

DO YOU KNOW ANYONE WHO CURRENTLY WORKS FOR US? _____ IF YES, NAME THE INDIVIDUAL(S) _____

ARE YOU AT LEAST 18 YEARS OLD? _____ DO YOU HAVE AUTHORIZATION TO WORK IN THE U.S.? _____

HAVE YOU WORKED UNDER A DIFFERENT NAME BEFORE? _____ IF YES, EXPLAIN: _____

HAVE YOU EVER BEEN CONVICTED OF A CRIME? _____ IF YES, STATE THE CRIME(S) _____

ARE ANY FELONY CHARGES CURRENTLY PENDING AGAINST YOU? _____ IF YES, EXPLAIN: _____

HAVE YOU EVER BEEN DENIED BONDING? _____ IF YES, WHEN AND WHERE? _____

WHAT OTHER EMPLOYMENT OR "SIDELINE" BUSINESS DO YOU HAVE? _____

WOULD YOU WANT TO CONTINUE IT IF EMPLOYED BY US? _____ LIST FOREIGN LANGUAGES YOU SPEAK, READ OR WRITE: _____

PERSONAL INTERESTS OR OTHER THINGS YOU WOULD LIKE US TO KNOW _____

EDUCATION

	Names and Location	Course of Study	Years Completed		Graduate?		Diploma or Degree	GPA
			Yes	No	Yes	No		
HIGH SCHOOL	_____	_____	_____	_____	_____	_____	_____	_____
COLLEGE	_____	_____	_____	_____	_____	_____	_____	_____
BUSINESS OR TRADE SCHOOL	_____	_____	_____	_____	_____	_____	_____	_____
OTHER FORMAL EDUCATION OR EXPERIENCE WHICH YOU FEEL IS RELEVANT TO THE POSITION FOR WHICH YOU ARE APPLYING: _____								

PERSONAL REFERENCES

1. NAME _____	PHONE _____
ADDRESS _____	
2. NAME _____	PHONE _____
ADDRESS _____	
3. NAME _____	PHONE _____
ADDRESS _____	

EMPLOYMENT HISTORY

(List below past and current employment, starting with most recent. Do not skip any employers. Use additional paper if necessary.)

1. NAME _____			
ADDRESS _____		Phone () _____	
POSITION _____	STARTING SALARY _____		ENDING SALARY _____
DESCRIPTION OF DUTIES _____			
SUPERVISOR'S NAME _____		EMPLOYED FROM _____	TO _____
REASON(S) FOR LEAVING _____			
2. NAME _____			
ADDRESS _____		Phone () _____	
POSITION _____	STARTING SALARY _____		ENDING SALARY _____
DESCRIPTION OF DUTIES _____			
SUPERVISOR'S NAME _____		EMPLOYED FROM _____	TO _____
REASON(S) FOR LEAVING _____			
3. NAME _____			
ADDRESS _____		Phone () _____	
POSITION _____	STARTING SALARY _____		ENDING SALARY _____
DESCRIPTION OF DUTIES _____			
SUPERVISOR'S NAME _____		EMPLOYED FROM _____	TO _____
REASON(S) FOR LEAVING _____			

DISABILITY RIGHTS

If you have a physical or mental condition which impairs your ability to complete this application, we will be happy to provide reasonable assistance upon request. Neither the condition nor the request will be considered in reviewing your application for employment.

APPLICANT STATEMENT

I hereby affirm that the information provided on this application (and accompanying resume, if any) is true and complete. I also agree that any false information, misrepresentations, or omissions may disqualify me from further consideration for employment, and may result in discipline or dismissal if discovered at a later date.

I authorize a thorough investigation of all statements and references contained in this application and of my employment history, including discipline records, and agree to cooperate in such investigation. I release from all liability and responsibility all persons, academic institutions, academic records, and employers requesting or supplying such information, and waive any right to notice of such disclosure.

Should I receive a conditional offer of employment, I agree that the Van Buren District Library may require me to submit to a physical, psychological, and/or medical examination. I further authorize any physician or entity conducting such medical examination to release the results of such examination to the Van Buren District Library. I release from all liability and responsibility all persons, employers, and examiners requesting or providing such information, and waive any right to notice of such disclosure.

I hereby give my consent for the Van Buren District Library, through an authorized testing service of its choice, to collect blood, urine, or other samples from me and to conduct any other necessary medical tests to determine the presence of alcohol, drugs, or controlled substances, and I hereby release the Van Buren District Library from any liability arising out of such test or its results. Further, I give my consent for the release of the test results and other relevant medical information to the Van Buren District Library for appropriate review. If I am accepted for employment by the Van Buren District Library, I hereby consent to be tested in the above manner during my employment when, in the Van Buren District Library's judgment, such testing is appropriate. I acknowledge that remaining free of illegal drug use and complying with the Van Buren District Library's substance abuse policy is a condition of my employment.

I understand that all employees of the Van Buren District Library are employed on an at will basis. This means that my employment is subject to termination at any time, with or without prior notice, discipline or warning, and with or without cause. No person other than the Director of the Van Buren District Library has authority to offer employment for any specified period or to enter into any contract of employment contrary to the foregoing. Moreover, no such agreement by the Director of the Library will be enforceable unless it is in writing, pertains specifically to me, and is signed by the Director of the Library.

DATE: _____

APPLICANT SIGNATURE

