



# Application for Employment

## WE ARE AN EQUAL OPPORTUNITY EMPLOYER

We consider applications for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, sexual orientation, citizenship status, genetic information or any other legally protected status.

### PLEASE PRINT OR TYPE

#### Application Information:

Position(s) applied for:

Date of application:

How did you hear about this job opportunity?:

Advertisement  Friend/relative  Employment website: \_\_\_\_\_  Other: \_\_\_\_\_

#### Contact Information:

Last name

First name

Middle name

Address

Number

Street

City

State

ZIP Code

Phone number(s)

Email address

Best time to contact you:

#### General Employment Information:

If under 18 years of age, can you provide required proof of your eligibility to work?  Yes  No

Are you prevented from lawfully becoming employed in this country because of visa or immigration status?  Yes  No  
*Proof of citizenship or immigration status will be required upon employment.*

List days or times you are UNAVAILABLE to work (be as specific as possible)

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY

#### Education & Training

School name and City, State	Course of study	# of years completed	Diploma Degree
Elementary school			
High school			
Undergraduate college			
Professional / Graduate			

#### Specialized skills & knowledge

- Dewey Decimal System       Polaris ILS       Other (List)  
 Microsoft Word       Google Suite  
 Microsoft Excel       Microsoft Publisher

## Employment Experience

*Start with your present or last job. Include job-related military service assignments and volunteer organizations. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected statuses.*

1. Employer	Address	Job title
Supervisor	Phone number(s)	Dates employed From: _____ To: _____
This employer may be contacted <input type="checkbox"/> Yes <input type="checkbox"/> No		
2. Employer	Address	Job title
Supervisor	Phone number(s)	Dates employed From: _____ To: _____
This employer may be contacted <input type="checkbox"/> Yes <input type="checkbox"/> No		
3. Employer	Address	Job title
Supervisor	Phone number(s)	Dates employed From: _____ To: _____
This employer may be contacted <input type="checkbox"/> Yes <input type="checkbox"/> No		

*Additional employment history may be attached as a separate page or with an included resume*

## Professional References:

1. Name	Phone number
Address	Relationship
2. Name	Phone number
Address	Relationship
3. Name	Phone number
Address	Relationship

## Applicant Statement

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relations with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Employer.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date