

APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

| | |
|--------------------------|----------------------|
| Position(s) Applied For: | Date of Application: |
|--------------------------|----------------------|

Library locations you are interested in working at:

- ACPDL - Wapak
 Cridersville
 New Bremen
 New Knoxville
 Stallo - Minster
 White - Waynesfield

| | | | | | |
|---------------------|--------|------------|----------------|-------------|----------|
| Last Name | | First Name | | Middle Name | |
| Address | Number | Street | City | State | Zip Code |
| Telephone Number(s) | | | E-Mail Address | | |

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

Have you ever filed an application with us before? Yes No
 If yes, give date _____

Have you ever been employed with us before? Yes No
 If Yes, give date _____

Do any of your friends or relatives, other than spouse, work here? Yes No
 If Yes, state name, relationship and location: _____

Are you currently employed? Yes No

May we contact your present employer? 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.

Date available for work ____/____/____ What is your desired salary range? _____

Are you available to work: Full Time Part Time Please list available hours: _____

Are you currently on "lay-off" status and subject to recall?

BACKGROUND CHECKS WILL BE COMPLETED ON ALL EMPLOYEES.

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

Applications will be kept on file for 3 months

EDUCATION

| School | Name and Address of School | Course of Study | Number of Years Completed | Diploma/Degree |
|-----------------------|----------------------------|-----------------|---------------------------|----------------|
| High School | | | | |
| Undergraduate College | | | | |
| Graduate/Professional | | | | |
| Other (Specify) | | | | |

WORK EXPERIENCE

Start with your present or last job. Include any job related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or their protected status.

Have you ever worked in a library before? Yes No
 If yes, Where & when?

| | | | |
|----------------------------|--------------------|-------|--|
| Employer | Date Employed | | Work Performed |
| Address | From | To | |
| Telephone Number(s) | Hourly Rate/Salary | | Work Performed |
| Starting/Present Job Title | Starting | Final | |
| Supervisor | | | |
| Reason for Leaving | May We Contact? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Employer | Date Employed | | Work Performed |
| Address | From | To | |
| Telephone Number(s) | Hourly Rate/Salary | | Work Performed |
| Starting/Present Job Title | Starting | Final | |
| Supervisor | | | |
| Reason for Leaving | May We Contact? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Employer | Date Employed | | Work Performed |
| Address | From | To | |
| Telephone Number(s) | Hourly Rate/Salary | | Work Performed |
| Starting/Present Job Title | Starting | Final | |
| Supervisor | | | |
| Reason for Leaving | May We Contact? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Employer | Date Employed | | Work Performed |
| Address | From | To | |
| Telephone Number(s) | Hourly Rate/Salary | | Work Performed |
| Starting/Present Job Title | Starting | Final | |
| Supervisor | | | |
| Reason for Leaving | May We Contact? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Comments: Include explanation of any gaps in employment.

| |
|--|
| |
| |
| |

NAME _____

POSITION _____

DATE _____

Describe any specialized training, apprenticeship, skills & extra curricular activities.

Describe any job-related training received in the United States military.

List Professional, trade, business or civic activities and offices held.
You may exclude membership which would reveal gender, religion, national origin, age, ancestry, disability or other protected status.

Additional Information:

Other Qualifications *Summarize special job-related skills and qualifications acquired from employment or other experience.*

Specialized Skills: (Skills/Equipment Operated)

| | | |
|------------------|-----------------------|--------------|
| _____ Terminal | _____ Spreadsheet | Other (list) |
| _____ PC | _____ Word Processing | _____ |
| _____ Typewriter | | _____ |
| WPM _____ | | _____ |

State any additional information you feel may be helpful to us in considering your application.

Note to applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A review of the activities involved in such a job or occupation has been given. Yes No

Personal/Professional References **Do not include family members or past supervisors.**

| Name | Phone Number | Best Time to Call | Occupation | Years Acquainted |
|------|--------------|-------------------|------------|------------------|
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |

APPLICANT'S 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.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship 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. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

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

APPLICANT SURVEY

We request the following information in order to assist our equal employment opportunity efforts. This information is **voluntary** and will in no way affect the processing of your application or your being considered for employment.

This Applicant Survey should be submitted with your Employment Application. The Library will process this survey separately and use the information for statistical purposes only.

Date: _____

If you are applying for a specific position, please indicate.

Job Title: _____

How did you learn about this position?

Newspaper Internal Bid Internet Other _____

Sex: _____ Date of Birth: _____

| | | |
|-------|--|---|
| Race: | White _____ | Persons having origins in any of the peoples of Europe or the Middle East. |
| | Black _____ | Persons having origins in any of the black racial groups of Africa. |
| | Hispanic _____ | Persons of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race. |
| | Native American or Alaskan Native _____ | Persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition. |
| | Asian/Pacific Islanders _____ | Persons having origins in any of the original peoples of the Far East, Southeast Asia, Indian Subcontinent or the Pacific Islands. |

Are you an individual with a physical or mental impairment which substantially limits one or more of your major life activities? _____

AGENCY PERSONNEL: Store separately from employment application.