

EMPLOYMENT APPLICATION

EQUAL OPPORTUNITY EMPLOYER

PLEASE PRINT OR TYPE

Position for Which Applying:	Application Date:	Full Time <input type="checkbox"/>	Part Time <input type="checkbox"/>
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PERSONAL DATA

Name - Last	First	Middle		
Address - Street	City	State	Zip	
Telephone	Message	E-mail		
Referred by:				

EDUCATION

NAME OF SCHOOL	ADDRESS	NUMBER OF YEARS	DIPLOMA OR DEGREE	MAJOR
High School				
College				
College				
Graduate School				
Other				

Were you known under another name at any school or job listed? Yes No

If yes, what name(s)? _____

Indicate school(s) or employer(s): (This will assist us in necessary verification). _____

EXPERIENCE AND SKILLS

Computer Experience: <input type="checkbox"/> Yes <input type="checkbox"/> No	Software (include Library software) - please list:
Other type of computer system? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, please specify
Other experience, training or skills you feel would be helpful in this position:	
Experience	Training Skills

If required for this position, do you have a valid Drivers License? Yes No If no, are you able to obtain one upon employment? Yes No

EMPLOYMENT RECORD and/or appropriate volunteer work

May we contact your present employer? Yes No

Please complete in full. DO NOT WRITE "PLEASE SEE RESUME." Account for past ten years of employment and military experience.

List the most recent position first. Attach additional sheet, if necessary.

Employer Name:	Address:			
Supervisor Name:	Title:	Telephone:		
Your Position:	From (Mo/Yr):	To (Mo/Yr):		
Hours per Week:	Starting Pay: \$	per	Ending Pay: \$	per
Duties and Responsibilities:				
Reason for Leaving:				

EMPLOYMENT RECORD, continued

Employer Name:		Address:	
Supervisor Name:		Title:	Telephone:
Your Position:		From (Mo/Yr):	To (Mo/Yr):
Hours per Week:	Starting Pay: \$	per	Ending Pay: \$ per
Duties and Responsibilities:			
Reason for Leaving:			

Employer Name:		Address:	
Supervisor Name:		Title:	Telephone:
Your Position:		From (Mo/Yr):	To (Mo/Yr):
Hours per Week:	Starting Pay: \$	per	Ending Pay: \$ per
Duties and Responsibilities:			
Reason for Leaving:			

Employer Name:		Address:	
Supervisor Name:		Title:	Telephone:
Your Position:		From (Mo/Yr):	To (Mo/Yr):
Hours per Week:	Starting Pay: \$	per	Ending Pay: \$ per
Duties and Responsibilities:			
Reason for Leaving:			

We consider applicants for all positions without regard to race, color, religion, gender, national origin, age, marital or veteran status, or the presence of a non-job related medical condition or disability, or any other legally protected status.

PLEASE READ THE FOLLOWING BEFORE SIGNING THIS APPLICATION:

I understand and agree that:

1. Any material misrepresentation or deliberate omission of a fact in my application, related papers, or interviews, may result in refusal of, or if employed, termination from, employment.
2. I certify that the above information contained in this application is true and complete.
3. It is my understanding that the District may make a thorough investigation of my entire work history and personal history as it applies to employment with the District and may verify all data given my application for employment, related papers, or oral interview. I authorize such investigation and the giving and receiving of any information requested by the District and I RELEASE FROM LIABILITY ANY PERSON GIVING OR RECEIVING SUCH INFORMATION. I understand that falsification of data so given or other derogatory information discovered as a result of this investigation may prevent my being hired, or if hired, may subject me to immediate dismissal.
4. I further understand that this is an application for employment and that no employment contract has been offered. I understand that if I am employed, such employment is for an indefinite period of time and MY EMPLOYMENT CAN BE TERMINATED BY ME OR THE DISTRICT, WITHOUT NOTICE, AT ANY TIME OR WITHOUT CAUSE. I understand that no representative of the Stevens County Rural Library District, other than the Director or Human Resource Manager, has authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to the foregoing. The District at its sole discretion can change wage, benefits, policies, and conditions of employment without prior notice.

I certify that I am and can establish with proper documentation, a worker authorized to work in the United States of America.

I understand that the Stevens County Rural Library District is a smoke-free workplace and that smoking of any type is prohibited in facilities owned or operated by the District.

I have read and understand all of the above.

Signature _____ Date _____