

JOB APPLICATION

Equal Opportunity Employer

Today's Date: _____ Position Applied For: _____ Full Time or Part Time _____

How did you hear of this position? _____ Referred by: _____

PERSONAL DETAILS: *Please print clearly*

Full Name: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Email Address: _____

Phone Number: _____ Preferred Method of Contact: Phone or Email _____

Were you known under another name at school / previous places of employment: Yes No Names: _____

EDUCATION:

<input type="checkbox"/> High School Diploma/GED	Name of School: _____	City/State: _____	Major: _____
<input type="checkbox"/> Associate's Degree	Name of School: _____	City/State: _____	Major: _____
<input type="checkbox"/> Bachelor's Degree	Name of School: _____	City/State: _____	Major: _____
<input type="checkbox"/> Master's Degree	Name of School: _____	City/State: _____	Major: _____
<input type="checkbox"/> Some College; No Degree	Other: _____		

RELEVANT EXPERIENCE:

<input type="checkbox"/> Computer Experience	Systems/Devices: _____	Software: _____
<input type="checkbox"/> Library Software(s):	_____	
<input type="checkbox"/> Soft Skills	_____	
<input type="checkbox"/> Relevant Training	_____	
<input type="checkbox"/> Valid Driver's License <i>If required for this position</i>	Other Skills/Comments: _____	

REFERENCES: *Please provide three professional references who are familiar with your work.*

Name: _____	Relationship to Applicant: _____
Phone Number: _____	Email: _____
Name: _____	Relationship to Applicant: _____
Phone Number: _____	Email: _____
Name: _____	Relationship to Applicant: _____
Phone Number: _____	Email: _____

EMPLOYMENT HISTORY: *Please complete in full. Do not write "See Resume." List most recent position first.*

Employer Name:		Job Title:	
Supervisor Name:		Employed Starting:	To:
Responsibilities:			
Reason for Leaving:		May We Contact This Employer?	Yes No

Employer Name:		Job Title:	
Supervisor Name:		Employed Starting:	To:
Responsibilities:			
Reason for Leaving:		May We Contact This Employer?	Yes No

Employer Name:		Job Title:	
Supervisor Name:		Employed Starting:	To:
Responsibilities:			
Reason for Leaving:		May We Contact This Employer?	Yes No

Volunteer Experience(s):

Achievements/Certificates:

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.

APPLICANT’S DECLARATION:

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 have read and understand all of the above.

Print Name: _____ Date: _____

Applicant Signature: _____