APPLICATION FOR EMPLOYMENT

All applicants are considered for all positions without regard to race, religion, color, sex, gender, sexual orientation, pregnancy, age, national origin, ancestry, physical/mental disability, medical condition, military/veteran status, genetic information, marital status, ethnicity, citizenship or immigration status or any other protected classification, in accordance with applicable federal, state, and local laws. By completing this application, you are seeking to join a team of hardworking professionals dedicated to consistently delivering outstanding service to our customers and contributing to the financial success of the organization, its clients, and its employees. Equal access to programs, services, and employment is available to all qualified persons. Those applicants requiring accommodation to complete the application and/or interview process should contact a management representative. Please print.

Date of Application

Position(s) Applied for

Print Name (Last, First, & Mido	dle)					
Street Address	City	City State Zi		Zip Code		
Main Phone Number	Email					
EMPLOYMENT EXPERIENCE Please list the names of your pr listed first. Be sure to account for additional page if necessary.						
Name of Employer		Supervisor		May we contact?		
				☐ Yes ☐ No		
Street Address						
Phone Number		Dates Employed (Month/Year)				
	From	om To				
Job Title and Duties	Reason for Leaving					
Name of Employer		Supervisor	·			
				☐ Yes ☐	□ No	
Street Address						
Phone Number		Dates Employed (Month/Year)				
		From		То		

Job Title and Duties	Reason for Leaving	
Name of Employer	Supervisor	May we contact?
Nume of Employer	Super visor	☐ Yes ☐ No
Chinada A Jaliana		
Street Address		
Phone Number	Dates Employed (Month/Yea	r)
	From	То
Job Title and Duties	Reason for Leaving	
Have you ever been involuntarily terminated or asked to res	ign from anv iob?	
, ,	.6 , ,	
lf yes, please explain		
Please explain any gaps in your employment history:		
, , , , , . ,		

				qualifications that you believe should	
be considered	in evaluating your qua	lifications for empl	loyment.		
l					
EDUCATION					
	e your educational bac	kground in the tab	le provided below.		
		Diploma/		Cassialized Training Chille or Extra	
	School Name	Degree (Yes/No)	Area of Study/Major	Specialized Training, Skills, or Extra- Curricular Activities	
High School					
College/ University					
Graduate/ Professional					
School					
Trade School					
Other					
	<u> </u>			<u> </u>	
BUSINESS AND P	ROFESSIONAL REFERENCES				
	•		who are not related to you		
Name and Tit	le	Relationship		Phone Number or Email	
PERSONAL REFER	DENICES				
	e people who know yo	u well.			
Name and Title			and Years Acquainted	Phone Number or Email	

GENERA	AL INFORMATION							
1.	Have you ever used another name? ☐ Yes ☐ No						□ Yes □ No	
2.	Is any additional information relative to name changes, use of an assumed name, or nickname necessary to							
	enable a check on your work and educational record? ☐ Yes ☐ No							
	a. If yes to either of the above, please explain:							
3.	Have you eve	r worked for thi	s Library before	?			 .□ Yes □ No	
	a. If yes, please give dates and position:							
4.								
	a. If yes, name(s) and relationship(s):							
5.								
6.	Days/Hours a	vailable to work	:					
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	
1. 7.	Are you available to work? □ Full-time □ Part-time □ Shift Work □ Temporary							
8.								
9.								
	0. Can you relocate if the position requires it? □ Yes □ No							
	11. Are you at least 18 years old?							
11.	•	If under 18, hir					l res l No	
42		•	•		•			
	12. If hired, can you present evidence of your identity and legal right to work in this country?□ Yes □ No							
13.	13. Are you able to perform the essential job functions of the job for which you are applying with or without							
	reasonable accommodation? Yes □ No a. Note: We comply with the ADA and consider reasonable accommodation measures that may be							
	a. Note:	We comply wit	h the ADA and	consider reason	able accommod	dation measure:	s that may be	

necessary for qualified applicants/employees to perform essential job functions.

APPLICANT STATEMENT AND AGREEMENT Please read and initial each paragraph below. If there is anything that you do not understand, please ask. I hereby authorize the Library to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the prior employers and references I have listed to disclose to the Library any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the Library, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure. In the event of my employment with the Library, I understand that I am required to comply with all rules and regulations of the Library. If hired, I understand and agree that my employment with the Library is at-will, and that neither I, nor the Library is required to continue the employment relationship for any specific term. I further understand that the Library or I may terminate the employment relationship at any time, with or without cause, and with or without notice. I understand that the at-will status of my employment cannot be amended, modified, or altered in any way by any oral modifications. I understand that safety of employees is extremely important to the Library and that the Library is committed to ensuring a safe working environment. I understand that I, and every employee, have a responsibility to prevent accidents and injuries by observing all safety procedures and guidelines and following the directions of my site supervisor. I understand and agree to comply with federal, state, and local regulations related to on-the-job safety and health. _ I hereby certify that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery. I understand that if I am selected for hire, it will be necessary for me to provide satisfactory evidence of my identity and legal authority to work in the United States, and that federal immigration laws require me to complete an I-9 Form in this regard. I understand that if any term, provision, or portion of this Agreement is declared void or unenforceable, it shall be severed and the remainder of this Agreement shall be enforceable. MY SIGNATURE BELOW ATTESTS TO THE FACT THAT I HAVE READ, UNDERSTAND, AND AGREE TO ALL OF THE **ABOVE TERMS.**

Name (print): ______ Date: _____