



# Cromaine District Library

## Application for Employment

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

Position Applied For: \_\_\_\_\_ Regular \_\_\_\_\_ Part-Time \_\_\_\_\_ Temporary \_\_\_\_\_

\_\_\_\_\_ Date Available \_\_\_\_\_

How did you hear of this position? \_\_\_\_\_

Are you authorized to work in the United States? Yes \_\_\_\_\_ No \_\_\_\_\_ Salary Desired \_\_\_\_\_

### EDUCATION:

High School - Name and Location	Course of Study (if applicable)	Circle Highest Grade or Year Completed	Did you graduate?
_____	_____	9 10 11 12	Yes____ No____

### COLLEGES OR UNIVERSITIES:

Name _____	Name _____
Location _____	Location _____
Major Work _____	Major Work _____
Degrees Received _____	Degrees Received _____

### PROFESSIONAL, BUSINESS, TRADE, OR OTHER TRAINING:

Name _____	Name _____
Location _____	Location _____
Course _____	Course _____
Diploma Received _____	Diploma Received _____

### COMPLETE THE FOLLOWING ONLY IF THE INFORMATION IS APPLICABLE TO THE POSITION FOR WHICH YOU ARE APPLYING:

Do you have computer skills? Yes \_\_\_\_\_ No \_\_\_\_\_ Please list programs you have used: \_\_\_\_\_

Other applicable business or professional skills: \_\_\_\_\_

Occupational licenses or work related memberships: \_\_\_\_\_

GENERAL INFORMATION (If more space is needed to answer, attach additional sheets of paper as needed.)

Do you know of any reason why you might be unable to perform the essential functions of the position for which you are applying? Yes \_\_\_\_ No \_\_\_\_

If "yes", are you able to perform these tasks with accommodation? Yes \_\_\_\_ No \_\_\_\_

If accommodations are needed, please describe the task(s) involved, how you would perform them and what accommodations would be needed. \_\_\_\_\_

Have you ever been convicted of a felony? Yes \_\_\_\_ No \_\_\_\_ If so, explain when, where and nature of offense: \_\_\_\_\_

Are there felony charges pending against you? Yes \_\_\_\_ No \_\_\_\_ If "yes", explain: \_\_\_\_\_

Have you ever been severely disciplined, suspended, demoted or fired? Yes \_\_\_\_ No \_\_\_\_ If "yes", explain: \_\_\_\_\_

1. Any misrepresentation or deliberate omission of a fact in my application may be justification for refusal of (or, if employed, termination from) employment.
2. If requested, I will provide the names, addresses, and telephone numbers of three persons, not related to me, who can be personally contacted and who are competent to judge my character and habits and who have knowledge of my qualifications for the position for which I am applying.
3. I understand that consideration for this position is contingent upon the results of a reference and background check. I therefore, authorize the Cromaine District Library to investigate all statements made on my application for employment and to discuss the results of its investigation with those responsible for hiring. I further authorize the Cromaine District Library to contact my former employer(s) and other contacted persons to respond to questions pertaining to information on this application. Further, I release from liability such former employer(s) or other persons contacted by and providing information to the Cromaine District Library.
4. At the time an offer of employment is made, I authorize any physician or medical facility to release any information which may be necessary to determine my ability to perform the essential functions of a job I am being considered for prior to employment or in the future during my employment with the Cromaine District Library.
5. This is an application for employment and no employment contract is being offered by the Cromaine District Library.
6. Employees of the Cromaine District Library serve at the pleasure of their appointing authority and may be dismissed, suspended, or demoted at any time for any or no reason (except as provided by law) without notice and/or a hearing.
7. At the time an offer of employment is made, I will be required to produce documents establishing both identity and employment eligibility in compliance with the Immigration Reform and Control Act of 1986 (IRCA).
8. If employed, it may be necessary for me to work overtime, evenings, weekends or rotating work schedules.

I have read and understand this application in its entirety.

Signature of applicant \_\_\_\_\_ Date \_\_\_\_\_

EMPLOYMENT RECORD-Beginning with your present or last employment, INCLUDING EXPERIENCE IN MILITARY SERVICE, list and describe positions which you have filled. If you have held two or more positions for the same employer at different levels of responsibility or with different duties, list and describe each position separately.

---

EMPLOYER (Firm, Organization or Person):	DATES OF EMPLOYMENT:
Name _____	From: _____
	(Month) (Year)
Street Address _____	To: _____
	(Month) (Year)
City and State _____	
Telephone _____	Full-Time ___ Part-Time ___ No. hrs. ___
Kind of Business _____	EXACT TITLE OF POSITION: _____
Name and Title of Immediate Supervisor: _____	SALARY OR EARNINGS:
	Starting: \$ _____ per _____
No. of Employees Supervised by You _____	Final: \$ _____ per _____
Description of your work or duties performed _____	
_____	
_____	
Reason for Leaving/Seeking new employment _____	
Name employed under (if different from name on first line of application) _____	
Do we have your permission to contact this employer? Yes ___ No ___	
Person to contact _____	Title _____

---

EMPLOYER (Firm, Organization or Person):	DATES OF EMPLOYMENT:
Name _____	From: _____
	(Month) (Year)
Street Address _____	To: _____
	(Month) (Year)
City and State _____	
Telephone _____	Full-Time ___ Part-Time ___ No. hrs. ___
Kind of Business _____	EXACT TITLE OF POSITION: _____
Name and Title of Immediate Supervisor: _____	SALARY OR EARNINGS:
	Starting: \$ _____ per _____
No. of Employees Supervised by You _____	Final: \$ _____ per _____
Description of your work or duties performed _____	
_____	
_____	
Reason for Leaving/Seeking new employment _____	
Name employed under (if different from name on first line of application) _____	
Do we have your permission to contact this employer? Yes ___ No ___	
Person to contact _____	Title _____

Employment Record (continued)

EMPLOYER (Firm, Organization or Person):

DATES OF EMPLOYMENT:

Name \_\_\_\_\_ From: \_\_\_\_\_  
(Month) (Year)

Street Address \_\_\_\_\_ To: \_\_\_\_\_  
(Month) (Year)

City and State \_\_\_\_\_

Telephone \_\_\_\_\_ Full-Time \_\_\_ Part-Time \_\_\_ No. hrs. \_\_\_

Kind of Business \_\_\_\_\_ EXACT TITLE OF POSITION: \_\_\_\_\_

Name and Title of Immediate Supervisor:

SALARY OR EARNINGS:

\_\_\_\_\_ Starting: \$ \_\_\_\_\_ per \_\_\_\_\_

No. of Employees Supervised by You \_\_\_\_\_ Final: \$ \_\_\_\_\_ per \_\_\_\_\_

Description of your work or duties performed \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for Leaving/Seeking new employment \_\_\_\_\_

Name employed under (if different from name on first line of application) \_\_\_\_\_

Do we have your permission to contact this employer? Yes \_\_\_ No \_\_\_

Person to contact \_\_\_\_\_ Title \_\_\_\_\_

EMPLOYER (Firm, Organization or Person):

DATES OF EMPLOYMENT:

Name \_\_\_\_\_ From: \_\_\_\_\_  
(Month) (Year)

Street Address \_\_\_\_\_ To: \_\_\_\_\_  
(Month) (Year)

City and State \_\_\_\_\_

Telephone \_\_\_\_\_ Full-Time \_\_\_ Part-Time \_\_\_ No. hrs. \_\_\_

Kind of Business \_\_\_\_\_ EXACT TITLE OF POSITION: \_\_\_\_\_

Name and Title of Immediate Supervisor:

SALARY OR EARNINGS:

\_\_\_\_\_ Starting: \$ \_\_\_\_\_ per \_\_\_\_\_

No. of Employees Supervised by You \_\_\_\_\_ Final: \$ \_\_\_\_\_ per \_\_\_\_\_

Description of your work or duties performed \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for Leaving/Seeking new employment \_\_\_\_\_

Name employed under (if different from name on first line of application) \_\_\_\_\_

Do we have your permission to contact this employer? Yes \_\_\_ No \_\_\_

Person to contact \_\_\_\_\_ Title \_\_\_\_\_