



TRI-CITY PUBLIC LIBRARY DISTRICT

Application for Employment

Personal Information

NAME: _____ TODAY'S DATE: ___/___/___
(LAST) (FIRST) (M.I.)

DATE OF BIRTH: ___/___/___ PHONE: _____ EMAIL: _____

ADDRESS: _____
(NUMBER) (STREET) (CITY) (STATE) (ZIP)

Position

Position applied for: _____

Available to work:

___ full time ___ part time ___ days ___ evenings ___ weekends

Are you authorized to work in the U.S. on an unrestricted basis?

___ yes ___ no

Have you ever been convicted of a felony? (Convictions will not necessarily disqualify an applicant for employment.)

___ yes ___ no

If your application is considered favorably, what date will you be available to work with the Library?

DATE: ___/___/___

Are you authorized to work in the United States of America?

___ yes ___ no



Employment History

(If resume is attached, you may skip this section)

Employer: _____ Phone # _____

Address: _____

Position: _____ Supervisor: _____

Dates employed: From _____ To: _____

Reason for Leaving: _____

Description of primary responsibilities: _____

Employer: _____ Phone # _____

Address: _____

Position: _____ Supervisor: _____

Dates employed: From _____ To: _____

Reason for Leaving: _____

Description of primary responsibilities: _____



Education

(If resume is attached, you may skip this section)

Type of School	Name and Location	No. Years Completed	Diploma/ Degree	Course of Study
HIGH SCHOOL	_____	_____	_____	_____
COLLEGE/UNIVERSITY	_____	_____	_____	_____
GRADUATE/	_____	_____	_____	_____
PROFESSIONAL	_____	_____	_____	_____
OTHER	_____	_____	_____	_____

Additional Qualifications

(If resume is attached, you may skip this section)

Please identify any additional knowledge, skills, qualifications, publications, or awards relevant to the applied for position that will be helpful to us in considering your application for employment (include special office, technical, and clerical skills):



Agreement

The Tri-City Public Library District is an Equal Opportunity employer.

____ You may ____ You may not contact my present employer.

____ You may ____ You may not contact the schools I have attended for the release of my educational records.

If accepted for employment with the Tri-City Public Library District, I agree to abide by all of its policies and procedures.

I understand that this application is not intended to be a contract of employment.

I certify that the facts set forth in this Application for Employment are true and complete to the best of my knowledge. I understand that if I am employed, false statements, omissions or misrepresentations may result in my dismissal. I authorize the Employer to make an investigation of any of the facts set forth in this application and release the Employer from any liability. The employer may contact any listed references on this application. I acknowledge and understand that the company is an "at will" employer. Therefore, any employee (regular, temporary, or other type of category employee) may resign at any time, just as the employer may terminate the employment relationship with any employee at any time, with or without cause, with or without notice to the other party. In the event that the Library is unable to verify any reference stated on this application, it is my responsibility to furnish the necessary documentation.

SIGNATURE OF APPLICANT

DATE