

Application for Employment

EQUAL OPPORTUNITY EMPLOYER

Helen Plum Library is ADA compliant. Reasonable accommodations will be made for people with disabilities who apply for employment. Helen Plum Library is an at-will employer.

Personal Data Name (last, first, middle) Date Address City State Zip Code Home Phone (Cell Phone) () Email address If employed, can you provide proof of authorization to work in the U.S.? ☐ Yes □ No Position(s) applying for: **Education Record High School** Address Did you graduate? □ Yes □ No **College/University** Address Degrees or Diplomas Years attended 1 2 3 4 **Trade or Technical Training** Address Degrees or Diplomas **Graduate School** Address

Degrees or Diplomas Years Attended 1 2 3 4

Employment History

Begin with mos	st recent employer.	Attach addition	al sheet if needed.	
1. Employer			Dates of Employme	ent
Address				
Phone ()			
Title/Duties				
Manager's Nan	ne			
Reason for Lea	ving			
2. Employer			Dates of Employme	ent
Address				
Phone ()			
Title/Duties				
Manager's Nam	ne			
Reason for Lea	ving			
3. Employer			Dates of Employme	ent
Address				
Phone ()			
Title/Duties				
Manager's Nan	ne			
Reason for Lea	ving			
References				
Do not list pers	sonal friends. List fo	rmer employers	, teachers, counselors, or	others who would know
NAME	ADDR	ESS	PHONE	EMAIL

Special Skills

During the times shown below, list the hours you are available to work:
Monday 8:30 A.M. to 9:00 P.M
Tuesday 8:30 A.M. to 9:00 P.M
Wednesday 8:30 A.M. to 9:00 P.M
Thursday 8:30 A.M. to 9:00 P.M
Friday 8:30 A.M. to 9:00 P.M
Saturday 8:30 A.M. to 5:00 P.M
Sunday 11:30 A.M. to 5:00 P.M
Personal Data
Have you been employed here before? ☐ Yes ☐ No
May we contact your current employer? ☐ Yes ☐ No
Name of relatives on the staff or Board of Trustees of Helen Plum Library:
Applicant's Signature
I certify that all of my answers given here are true and complete to the best of my knowledge, and that supplying false information herein shall result in immediate disqualification for consideration for employment or termination from employment, regardless of when such false information is discovered. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision; and I hereby agree to indemnify and hold harmless each and every current or prior employer in defending against any charge, complaint or suit filed with any Federal, State or local agency, or in any court of the State or Federal government for providing an accurate, factual history of employment information. I understand that neither this document nor any offer of employment from the employer constitutes an employment contract, unless a specific document to that effect is executed by the employer and employee in writing. Signature of Applicant Date