

Date application received _____ Initials of Department Manager _____ **Rev. 3/5/21**



**Helen Plum Library
Application for Employment**

EQUAL OPPORTUNITY EMPLOYER

The Helen Plum Library is ADA compliant.
Reasonable accommodations will be made for people with disabilities who apply for employment.

The Helen Plum Library is an at-will employer.

Personal Data

| | | |
|--|--------------------|---|
| Name (last, first, middle) | | Date |
| <hr/> | | |
| Address | | |
| <hr/> | | |
| City | State | Zip Code |
| <hr/> | | |
| Home Phone () | Cell Phone () | |
| <hr/> | | |
| Email address | | |
| <hr/> | | |
| If employed, can you provide proof of authorization to work in the U.S.? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <hr/> | | |
| Position(s) applying for: | | <input type="checkbox"/> Clerk <input type="checkbox"/> Page (Shelver) <input type="checkbox"/> Security Monitor <input type="checkbox"/> Other |
| <hr/> | | |

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 most recent employer. Attach additional sheet if needed.

| | |
|--------------------|----------------------------|
| 1. Employer | Dates of Employment |
| <hr/> | |
| Address | |
| <hr/> | |
| Phone () | |
| <hr/> | |
| Title/Duties | |
| <hr/> | |
| Manager's Name | |
| <hr/> | |
| Reason for Leaving | |
| <hr/> | |

| | |
|--------------------|----------------------------|
| 2. Employer | Dates of Employment |
| <hr/> | |
| Address | |
| <hr/> | |
| Phone () | |
| <hr/> | |
| Title/Duties | |
| <hr/> | |
| Manager's Name | |
| <hr/> | |
| Reason for Leaving | |
| <hr/> | |

| | |
|--------------------|----------------------------|
| 3. Employer | Dates of Employment |
| <hr/> | |
| Address | |
| <hr/> | |
| Phone () | |
| <hr/> | |
| Title/Duties | |
| <hr/> | |
| Manager's Name | |
| <hr/> | |
| Reason for Leaving | |
| <hr/> | |

References

Do not list personal friends. List former employers, teachers, counselors, or others who would know your work.

| NAME | ADDRESS | PHONE | EMAIL |
|-------|---------|-------|-------|
| <hr/> | <hr/> | <hr/> | <hr/> |
| <hr/> | <hr/> | <hr/> | <hr/> |
| <hr/> | <hr/> | <hr/> | <hr/> |

Special Skills

Summarize any special skills or qualifications that you acquired through employment or other experience that are applicable to the job that you are applying for:

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 12:30 P.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 the Helen M Plum Memorial 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

Your application will be reviewed when a position becomes available.