

TRI-CITY PUBLIC LIBRARY DISTRICT

Application for Employment

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

NAME: _____ **DATE:** _____
(LAST) (FIRST) (M.I.)

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

PHONE: _____

Position applied for: _____

Available to work: ____ full time ____ part time ____ days ____ evenings ____ weekends

You will need a Social Security Number as a condition of being hired.

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

Are you authorized to work in the United States of America? ____ yes ____ no

EMPLOYMENT EXPERIENCE

(Please list present or most recent employer first)

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: _____

Employer: _____ Phone #: _____

Address: _____

Position: _____ Supervisor: _____

Dates employed: From _____ To: _____

Reason for leaving: _____

Description of primary responsibilities: _____

EDUCATION AND TRAINING

Type of School	Name and Location	No. Years Completed	Diploma/ Degree	Course of Study
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HIGH SCHOOL _____

COLLEGE/UNIVERSITY _____

GRADUATE/ _____
PROFESSIONAL _____

OTHER _____

ADDITIONAL QUALIFICATIONS

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):

What professional organizations or business activities are you involved with, relative to your ability to perform the job for which you are applying?

REFERENCES

Please provide the name, address, and phone number of two additional references, other than present/former employer:

1. _____
2. _____

AGREEMENT

I certify that the statements made in this application are correct and complete to the best of my knowledge.

I understand that false or misleading information may result in termination of employment.

I authorize the Tri-City Public Library District to conduct a reference check so that a hiring decision may be made. 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.

____ 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.

SIGNATURE OF APPLICANT

DATE