

Newburgh Chandler Public Library

An Equal Opportunity Employer

Application for Employment

Interview date: _____

Staff Initials: _____

Personal Information

Date: _____

(Please Print)

Name: _____ Are you 18 or older? Yes No

Last First M.I. If not, a work permit will be required

Address: _____

Street Apt.# City State Zip

Phone #: (____) _____ (____) _____ Email: _____

Primary Alternate

Are you legally eligible for employment in this country? Yes No (this employer participates in E-Verify)

Have you applied to this Library before? Yes No If yes, when? _____

Have you been employed here before? Yes No If yes, when? _____

Position Applying for: _____ Desired Pay: _____

Please mark availability: Full time Part time

Location preference: Bell Road Chandler Downtown Newburgh No Preference

Availability exceptions? _____ When could you start? _____

How did you hear of a position vacancy (if applicable)? _____

Please list names of friends
and relatives working here: _____

Education	School Name/City/State	Course of Study	Graduated	Diploma/Degree
High School			Yes <input type="checkbox"/> No <input type="checkbox"/>	
College or University			Yes <input type="checkbox"/> No <input type="checkbox"/>	
Other			Yes <input type="checkbox"/> No <input type="checkbox"/>	

Skills and Qualifications

Please summarize any training, skills, foreign languages spoken, licenses and certificates that may qualify you as being able to perform job-related functions in the position for which you are applying.

References

Name Relationship Phone # Email address

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Employment History

List your last three employers, starting with the last one first. Please be as complete as possible.

Employment Dates: mm/yy From: To:	Company Name/City/State	
Phone #	Job Title	Supervisor
Primary Duties		
Salary: <input type="checkbox"/> Hourly <input type="checkbox"/> Annual Start: End:	Reason for Leaving	

Employment Dates: mm/yy From: To:	Company Name/City/State	
Phone #	Job Title	Supervisor
Primary Duties		
Salary: <input type="checkbox"/> Hourly <input type="checkbox"/> Annual Start: End:	Reason for Leaving	

Employment Dates: mm/yy From: To:	Company Name/City/State	
Phone #	Job Title	Supervisor
Primary Duties		
Salary: <input type="checkbox"/> Hourly <input type="checkbox"/> Annual Start: End:	Reason for Leaving	

Applicant Statement

I understand that this application does not constitute an agreement or contract for employment for any specified period or definite duration. I certify that all information I have provided in order to apply for and secure work with the employer is true, complete, and correct. I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to cancel further consideration of this application, or immediately discharge me from the employer's service, whenever it is discovered.

I expressly authorize, without reservation, the employer, its representative, employees or agents to contact and obtain information from all references, employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives for seeking, gathering and using such information in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I certify that I have read, fully understand, and accept all terms of the foregoing Applicant Statement.

Signature of Applicant _____ Date _____

Hired Position:

Director approval:
