



Application for Employment

The Brook Iroquois Washington Public Library is an equal opportunity employer and does not discriminate against applicants or employees on the basis of race, age, sex, national origin, religion, disability, sexual orientation or any other unlawful basis.

Incomplete or illegible applications will be discarded. PLEASE PRINT.

APPLICANT'S NAME (LAST) (FIRST) (M.I.)		Preferred Name
MAILING ADDRESS (NUMBER) (STREET)		Home Telephone Number
CITY, STATE, ZIP CODE	EMAIL ADDRESS (if available)	Cell Telephone Number
POSITION DESIRED		
Available to start on		
Pay Expected		
Are you applying for full time or part time employment		<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME
LIBRARY CARD NUMBER:		
IF PREVIOUSLY EMPLOYED BY THE LIBRARY: Where: _____ When: _____		
A typical work schedule at the library includes a combination of day-time, evening, and weekend hours. Are you available to work this type of schedule?		<input type="checkbox"/> YES <input type="checkbox"/> NO
Do you have any relatives or friends working for the Brook Public Library? If yes, list relationship, name, and job title. _____		<input type="checkbox"/> YES <input type="checkbox"/> NO
Are you legally eligible for employment in the United States? If hired, proof is required.		<input type="checkbox"/> YES <input type="checkbox"/> NO
Are you 18 years of age or older?		<input type="checkbox"/> YES <input type="checkbox"/> NO
Do you possess a valid driver's license?		<input type="checkbox"/> YES <input type="checkbox"/> NO

<p>In the last 5 years, have you been fired from any job for any reason, did you quit after being told that you would be fired, or did you leave any job by mutual agreement because of specific problems? If yes, please explain:</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
<p>During the last 10 years, have you been convicted, been imprisoned, been on probation or been on parole? (Includes felonies, firearms or explosives violations, misdemeanors, and all other offenses.) Please explain:</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>

FUTURE COMMITMENT / OBLIGATIONS

Please list any scheduled events/special occasions for which you will be requesting time off in the next 6 months (such as vacation, family reunions, surgery, etc.)

EDUCATION

<p>Check the highest grade completed</p>	<p><input type="checkbox"/> Did not complete high school/GED <input type="checkbox"/> Completed GED <input type="checkbox"/> Currently in high school <input type="checkbox"/> Graduated from high school <input type="checkbox"/> Some college, no degree</p>	<p><input type="checkbox"/> One-year vocational diploma <input type="checkbox"/> Two-year associate degree <input type="checkbox"/> Bachelor's degree <input type="checkbox"/> Some graduate degree courses <input type="checkbox"/> Graduate college degree</p>
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Name and Location	Course of Study	Enrolled in classes now or in near future?	Number of years completed?	If you graduated, specify the degree or diploma received
High School				
College or University				
Graduate School				
Other				

Class Schedule (Classes, days of the week, times) & Extracurricular Activities (What and When):

SKILLS

Other special training, skills, certifications, or qualifications:
 (foreign language, machine operation, etc.?)

OTHER ACTIVITIES		
Membership in Professional or Civic Organizations – (exclude those which may disclose your race, color, religion or national origin)		
Volunteer Service – (list organization and type of service volunteered)		
WORK EXPERIENCE		
Beginning with your current or most recent job, list all previous employers and provide description of duties. If required may attach an additional sheet of paper.		
1) NAME OF EMPLOYER	EMPLOYER'S ADDRESS AND PHONE NUMBER	
KIND OF BUSINESS	SUPERVISOR'S NAME AND PHONE NUMBER	
YOUR JOB TITLE		
EMPLOYMENT DATES FROM (month – year) _____ TO (month – year) _____	Ending Pay \$ _____ per _____ (hour, week, month, etc.)	HOURS WORKED PER WEEK (AVERAGE)
DUTIES		
Reason for leaving this position		
If you do not want this employer contacted, specify reason:		
2) NAME OF EMPLOYER	EMPLOYER'S ADDRESS AND PHONE NUMBER	
KIND OF BUSINESS	SUPERVISOR'S NAME AND PHONE NUMBER	
YOUR JOB TITLE		
EMPLOYMENT DATES FROM (month – year) _____ TO (month – year) _____	Ending Pay \$ _____ per _____ (hour, week, month, etc.)	HOURS WORKED PER WEEK (AVERAGE)
DUTIES		
Reason for leaving this position		
If you do not want this employer contacted, specify reason:		

3) NAME OF EMPLOYER		EMPLOYER'S ADDRESS AND PHONE NUMBER	
KIND OF BUSINESS		SUPERVISOR'S NAME AND PHONE NUMBER	
YOUR JOB TITLE			
EMPLOYMENT DATES		Ending Pay \$ _____ per _____	HOURS WORKED PER WEEK (AVERAGE)
FROM (month – year) _____		(hour, week, month, etc.)	
TO (month – year) _____			
DUTIES			
Reason for leaving this position			
If you do not want this employer contacted, specify reason:			
4) NAME OF EMPLOYER		EMPLOYER'S ADDRESS AND PHONE NUMBER	
KIND OF BUSINESS		SUPERVISOR'S NAME AND PHONE NUMBER	
YOUR JOB TITLE			
EMPLOYMENT DATES		Ending Pay \$ _____ per _____	HOURS WORKED PER WEEK (AVERAGE)
FROM (month – year) _____		(hour, week, month, etc.)	
TO (month – year) _____			
DUTIES			
Reason for leaving this position			
If you do not want this employer contacted, specify reason:			
REFERENCES			
List three professional references who are not relatives.			
Name:		Years Known:	
Occupation:		Telephone:	
Name:		Years Known:	
Occupation:		Telephone:	

Name:	Years Known:
Occupation:	Telephone:

CERTIFICATION STATEMENT

I certify that the information in this application is true, correct and complete to the best of my knowledge. I understand that if employed, any misstatement or omission of fact on this application will be considered cause for dismissal.

- I understand that if hired I must prove that I am legally authorized to work in the United States.
- I authorize the Brook Iroquois Washington Public Library to check employment references and verify education information provided in this employment application and as disclosed in the interview process.
- I understand that all information on this application is subject to verification.
- I release the Brook Iroquois Washington Public Library and all providers of information from any liability as a result of furnishing and receiving any information related to the library’s hiring process.
- I understand and agree that, if hired, my employment is “AT-WILL.” This means that if I am hired, either the company or I can end the employment relationship at any time and for any reason.

Date: _____ Signature: _____