

APPLICATION FOR EMPLOYMENT

Please answer clearly and completely all questions that apply to you.

Name:	Date:			
Address: City, State	:			
Phone: Email:				
Are you a citizen of the U.S.?				
Where did you see this position advertised?				
Position desired:				
Date you can begin work:				
Days preferred to work (please check all that apply)				
Hours preferred to work (please check all that apply)	ternoon Evening			
Library branch or unit at which you prefer to be employed:				
Do you desire full-time or part-time employment?	t-time			
Have you ever been employed by Cass County Public Library? Yes No Do you have any relatives working for Cass County Public Library? Yes No Are you related to any member of the Library Board of Trustees? Yes No If yes, give name and relationship:				
, 5-5, 6.12				

This application will be retained for a period of 3 months. Consideration for a longer period than 3 months necessitates filing a new application.

FORMAL EDUCATION

		_	<u>, </u>		
	Name and Location of	Last Year Comple	hata	Did You	Subject Studied and
High School	School	1 2 3 4	-	raduate es No	Degree(s) Received
High School		1 2 3 4		:2 140	
College		1 2 3 4	Y6	es No	
College		1 2 3 4	Y6	es No	
EMPLOYMENT HISTORY					
Beginning with the most recent, list the organization name, address, dates employed and position held in chronological order. Briefly describe the job duties of each position.					
Company:				Date:	
Address:					
Position Held:	Position Held: Salary Range:				
Description of Duties:					
Company: Date:					
Address:					
Position Held:	Position Held: Salary Range:				
Description of Duties:					
Company:			Date:		
Address:					
	Position Held: Salary Range:				
Description of Duties:					
Company:			Date:		
Address:					
Position Held:	Position Held: Salary Range:				
Description of Duties:					

WORK-RELATED REFERENCES

List below three persons not related to you, whom you have worked for or have worked with you:

	Name	Email	Phone Number	Position	
1.					
2.					
3.					
If you are to be hired by the library, you will be required to attest to your identity and employment eligibility and to present documents confirming your identity and employment eligibility. You cannot be hired if you cannot comply with these					

requirements.

AUTHORIZATION

I certify that the facts contained in this application (and accompanying resume, if any) are true and complete to the best of my knowledge. I understand that any false statement, omission, or misrepresentation on this application is sufficient cause for refusal to hire, or dismissal if I have been employed, no matter when discovered by the library.

I understand that any employment is conditioned on having a satisfactory background check. I authorize the library to thoroughly investigate all statements contained in my application or resume, and I authorize my former employers and references to disclose information regarding my former employment, character and general reputation to the library, without giving me prior notice of such disclosure. In addition, I release the library, any former employers and all references listed above from any and all claims, demands or liabilities arising out of or related to such investigation or disclosure.

I understand and agree that nothing contained in this application, or conveyed during any interview is intended to create an employment contract. I further understand and agree that if I am hired, my employment will be 'at will' and without fixed term and may be terminated at any time with or without cause and without prior notice, at the option of either the library or myself. No promises regarding employment have been made to me and I understand that no such promise or guarantee is binding upon the library unless made in writing.

If I am offered employment I agree to submit to a medical examination and drug test, if asked, before starting work. If employed, I also agree to submit to a medical examination or drug test at any time deemed appropriate by the library and as permitted by law. I consent to such examinations and tests, and I request that the examining doctor disclose to the library the results of the examination, which results shall remain confidential and segregated from my personnel file. I understand that my employment or continued employment, to the extent permitted by law, is contingent upon satisfactory medical examinations and drug test, and if I am hired a condition of my employment will be that I abide by the library's drug and alcohol policy.

I understand that filling out this form does not indicate there is a position open and does not obligate the library to hire. If hired, I agree to abide by all library work rules, policies and procedures. The library retains the right to revise its policies or procedures, in whole or in part, at any time.

Signature	Date

