EMPLOYMENT APPLICATION Please print.



NAME:		DATE:					
(last))	(first)		(mi	ddle)		
ADDRESS: _							
(number)	(street)	(ci	ty) (sta	ate)	(zip)	
PHONE:	:: LIBRARY:						
EMAIL ADD	RESS:						
You w	-	Social Security I	-	ndition	of be	rtunity Employer. ing hired; both FBI & BCI	
Available †	o work: _	full time	part time	days _	_eve	nings weekends	
If hired, wh	at date w	vill you be availa	ble to start:				
Have you e	ever beer	n employed by th	ne Library befor	əś	yes	no	
Do you hav	ve any rel	atives employed	d by the Library?	<u> </u>	yes	no	
lf yes, plea	se list nan	nes:					
Proof of eligit	pility to worl	or employment in th c in the USA is requir	ed upon employm		no		
• •		r? yes cation of minimum le					
Education/	Name	e and Address	Last Year	Did y		Degree/Course of Study	

Training	Name and Address	Completed	graduate?	Degree/Course of Study
High School		9 10 11 12	🗆 Yes 🗆 No	
College		1 2 3 4+	🗆 Yes 🗆 No	
Other		1 2 3 4+	🗆 Yes 🗆 No	

Employment Experience

Please list present or most recent employer first.

Name:		Phone:	
Address:		Position:	
Dates Employed From:	To:	Supervisor:	
Reason for leaving:			
Name:		Phone:	
Address:		Position:	
Dates Employed From:	To:	Supervisor:	
Reason for leaving:			
Name:		Phone:	
Address:		Position:	
Dates Employed From:	To:	Supervisor:	
Reason for leaving:			
Particular employer(s) you do no	ot wish us to conto	act:	

Additional Achievements, Awards, and Qualifications

Please identify any additional academic achievements, extracurricular activities, or knowledge and skills relevant to the job in order to help us consider your application fully for employment (include a description of your technological ability):______

References

Please provide the name, phone number, and email address of three additional **professional** references other than present/former employers:

1.	_
2.	_
3.	_

PLEASE READ THE STATEMENT BELOW

I certify that the information contained on this application is correct to the best of my knowledge and understand that any misstatement, omission, falsification or misrepresentation of fact will disqualify me from consideration for employment or, once I am hired, is grounds for dismissal. I understand and acknowledge that any employment relationship is at-will and can be terminated by either party with or without notice, at any time, for any reason or no reason. I further understand that this application is not nor is it intended to be a contact of employment and does not obligate Highland County District Library in any way if they employ me. I authorize the references and employers listed, except as noted, to give you any and all information concerning my previous employment and pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing the same to you. I also understand and authorize that as a part of the employment procedure, investigations and inquires of the information provided be made concerning my character, general reputation, and personal characteristics.

READ CAREFULLY: I agree that any claim or lawsuit relating to any service with the Highland County District Library or any of its branches or subsidiaries must be filed no more than six (6) months after the date of the employment action that is the subject of the claim or lawsuit. I waive any statute of limitations to the contrary. I hereby acknowledge that I have read the above statement and understand.

By submitting this application to the Highland County District Library, I certify that the above information is correct.

Signature _____

Date _____