



**EMPLOYMENT APPLICATION**

Please print.

**NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_  
 (last) (first) (middle)

**ADDRESS:** \_\_\_\_\_  
 (number) (street) (city) (state) (zip)

**PHONE:** \_\_\_\_\_ **LIBRARY:** \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_

**The Highland County District Library is an Equal Opportunity Employer.  
 You will need a Social Security Number as a condition of being hired; both FBI & BCI  
 background checks are completed.**

Available to work: \_\_\_ full time \_\_\_ part time \_\_\_ days \_\_\_ evenings \_\_\_ weekends

If hired, what date will you be available to start: \_\_\_\_\_

Have you ever been employed by the Library before? \_\_\_ yes \_\_\_ no

Do you have any relatives employed by the Library? \_\_\_ yes \_\_\_ no

Includes Board members: Fred Yokum, Larry Nartker, Jeff Cloud, Mary Ellen McCarty, Steve Hunter, Kim Douglas,

If yes, please list names: \_\_\_\_\_

**Are you legally eligible for employment in this country?** \_\_\_ yes \_\_\_ no

**Proof of eligibility to work in the USA is required upon employment.**

**Are you 18 years or older?** \_\_\_ yes \_\_\_ no

**Hiring is subject to verification of minimum legal age**

**Are you drawing a pension from OPERS.** \_\_\_ yes \_\_\_ no

Education/ Training	Name and Address	Last Year Completed	Did you graduate?	Degree/Course of Study
High School		9 10 11 12	<input type="checkbox"/> Yes <input type="checkbox"/> No	
College/Other		1 2 3 4 +	<input type="checkbox"/> Yes <input type="checkbox"/> 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 not wish us to contact: \_\_\_\_\_

## 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): \_\_\_\_\_

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## 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 contract 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 \_\_\_\_\_**