

Scenic Regional Library Application for Employment

IMPORTANT. Read Terms of Employment carefully. All information on this application will be treated confidentially. Federal and state laws prohibit discrimination for various reasons, including race, color, religion, creed, national origin, age, sex, or disability.

PLEASE TYPE OR PRINT. Complete the entire application. You may attach a resume, but you must still complete all questions or else your application will be deemed incomplete and may not be considered. Please fill out each box (don't just indicate "See Resume").

Position Applying For: (Title & full time/part-time)	Branch:	Hermann	New Haven	Owensville	Pacific
		St. Clair	Sullivan	Union	Warrenton Wright City
Name (Last, First Middle):			Other names under which you have attended school or been employed:		
Street Address:		City, State & Zip Code:			
Home Phone:	Cell Phone:		Personal e-mail address:		
Are you eligible to work in the United States?		Yes	No		
Are you 18 years of age or older?		Yes	No	If NO, what is your current age?	
Have you ever been employed by Scenic Regional Library?		Yes	No	If YES, list dates of employment & reason for leaving:	
Are you related to any current Scenic Regional Library employee or Library Board member?		Yes	No	If YES, list their name & relationship to you:	
If required for the position, do you have a valid driver's license?		Yes	No	If YES, list state of issuance, license number, and expiration date:	
How did you learn about this employment opportunity? Check all that apply.					
Newspaper advertisement		Magazine advertisement		Job bulletin (posting)/Walk-in	
Website advertisement		Department of Labor		Employee referral	
Other (please specify):					

EDUCATION

Name of school	City/State	Did you graduate?	If no, # of years left to graduate?	Degree received	Major
High school:		Yes No			
GED:		Yes No			
Other school:		Yes No			
College:		Yes No			
College:		Yes No			
College:		Yes No			
Other credentials/licenses/professional affiliations, etc., relevant to this position:					

SKILLS: Please list technical skills, clerical skills, trade skills, etc., relevant to this position. Include relevant computer systems and software packages of which you have a working knowledge, and note your level of proficiency (basic, intermediate, or expert).

WORK EXPERIENCE: Please detail your entire work history. Begin with your current or most recent employer. If you held multiple positions within the same organization, detail each position separately. Attach additional sheets if necessary. Omission of prior employment may be considered falsification of information. Please explain any gaps in employment. Include full-time military or volunteer commitments. **PLEASE DO NOT** complete this information with the notation “See Resume”.

PLEASE NOTE: Scenic Regional Library reserves the right to contact all current and former employers for reference information.

Dates employed: From: To:	Full time Part-time If part-time, #hrs./wk:	Title:
Starting salary:	Organization name and address:	
Final salary:		
Supervisor’s name:	Other reference’s name:	Contact my references: At any time Only if I am a finalist candidate
Supervisor’s title:	Other reference’s title:	
Supervisor’s phone #:	Other reference’s phone #:	
Primary duties: _____ _____ _____		Reason for leaving: _____ _____ _____

Dates employed: From: To:	Full time Part-time If part-time, #hrs./wk:	Title:
Starting salary:	Organization name and address:	
Final salary:		
Supervisor’s name:	Other reference’s name:	Contact my references: At any time Only if I am a finalist candidate
Supervisor’s title:	Other reference’s title:	
Supervisor’s phone #:	Other reference’s phone #:	
Primary duties: _____ _____ _____		Reason for leaving: _____ _____ _____

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Supervisor's title:	Other reference's title:	
Supervisor's phone #:	Other reference's phone #:	
Primary duties: _____ _____ _____		Reason for leaving: _____ _____ _____

Dates employed: From: To:	Full time Part-time If part-time, #hrs./wk:	Title:
Starting salary:	Organization name and address:	
Final salary:		
Supervisor's name:	Other reference's name:	Contact my references: At any time Only if I am a finalist candidate
Supervisor's title:	Other reference's title:	
Supervisor's phone #:	Other reference's phone #:	
Primary duties: _____ _____ _____		Reason for leaving: _____ _____ _____

Terms of Employment

PLEASE READ CAREFULLY AND SIGN THAT YOU UNDERSTAND AND ACCEPT THIS INFORMATION

I certify that the information on this application and its supporting documents is accurate and complete. I understand and agree that failure to fully complete the form, or misrepresentation or omission of facts, represents grounds for elimination from consideration for employment or termination after employment if discovered at a later date. I authorize Scenic Regional Library to investigate, without liability, all statements contained in this application and supporting materials. I authorize references and former employers, without liability, to make full response to any inquiries in connection with this application for employment. If requested, I agree to submit to a physical exam, criminal and credit background investigation, and/or screening for illegal substances upon conditional offer of employment. I understand that this document is NOT an offer of employment, and that an offer of employment, if tendered, does NOT constitute a contract for continued guaranteed employment. I understand that staff employees of Scenic Regional Library serve at-will, and the employment relationship may be terminated at any time by either party, for any or no reason, other than a reason prohibited by law. If employed, I will be required to furnish proof of eligibility to work in the United States and to comply with company and departmental regulations. I understand that if employed on a temporary basis, I would be paid for hours worked only and would be ineligible for benefits, including paid time off. If employed on a regular, benefits-eligible basis, I understand that I would be required to make mandatory contributions to the Scenic Regional Library retirement system or to an optional retirement program, if applicable. I understand that any benefits I receive may be subject to change or discontinuation at any time without prior notice. I understand that the first SIX MONTHS of regular employment represent a provisional period, during which I would not be eligible to apply for transfer or promotion and during which I may be terminated without right of appeal.

Applicant signature: _____

Date: _____