

# NORTHWESTERN REGIONAL LIBRARY

## Application of Employment

(An Equal Opportunity Employer)

### PERSONAL INFORMATION

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_ SOCIAL SECURITY NO. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
LAST FIRST MIDDLE

ADDRESS \_\_\_\_\_  
STREET CITY STATE ZIP

PHONE NO (\_\_\_\_) \_\_\_\_\_ ARE YOU 18 YEARS OR OLDER? YES \_\_\_\_\_ NO \_\_\_\_\_

ARE YOU EITHER A U.S. CITIZEN OR AN ALIEN AUTHORIZED TO WORK IN THE UNITED STATES? YES \_\_\_\_\_ NO \_\_\_\_\_

### EMPLOYMENT DESIRED

LIBRARY \_\_\_\_\_ POSITION \_\_\_\_\_ DATE YOU CAN START \_\_\_\_\_

ARE YOU EMPLOYED NOW? \_\_\_\_\_ IF SO MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? \_\_\_\_\_

EVER WORK IN A LIBRARY? \_\_\_\_\_ WHERE? \_\_\_\_\_ WHEN? \_\_\_\_\_

EDUCATION	NAME AND LOCATION OF SCHOOL	*NO. OF YEARS ATTENDED	*DID YOU GRADUATE?	SUBJECTS STUDIED
HIGH				
COLLEGE				
TRADE, BUSINESS, OR CORRESPONDENCE				

### GENERAL

SPECIAL SKILLS: \_\_\_\_\_

\_\_\_\_\_

ACTIVITIES: (CIVIC, ATHLETICS, ETC.) \_\_\_\_\_

(EXCLUDES ORGANIZATION, THE NAME OF WHICH INDICATES THE DISABILITY, RACE, CREED, SEX, MARITAL STATUS, COLOR, NATIONALITY OF ITS MEMBERS)

U.S. MILITARY OR NAVAL SERVICE	RANK	PRESENT MEMBERSHIP IN NATIONAL GUARD OR RESERVES
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\*The Age Discrimination in Employment Act of 1987 prohibits discrimination on the basis of age with respect to individuals who are at least 40 years of age.

(Continued on other side)

Have you ever been convicted of a felony? \_\_\_\_ Yes \_\_\_\_ No

(Conviction will not necessarily exclude an applicant from consideration for employment. Type of conviction(s) and date(s) will be considered.)

Are you related to any employee of the Northwestern Regional Library system? \_\_\_\_ Yes \_\_\_\_ No

**EMPLOYMENT** (PLEASE START WITH THE MOST RECENT EMPLOYER)

IF YOU ARE CURRENTLY EMPLOYED, MAY WE CONTACT YOUR PRESENT SUPERVISOR? \_\_\_\_ YES \_\_\_\_ NO

DATE MONTH AND YEAR	NAME AND ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LIVING
FROM				
TO				
FROM				
TO				
FROM				
TO				
FROM				
TO				

**REFERENCES:** GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

NAME	ADDRESS	TELEPHONE	PERSONAL/BUSINESS	YEARS ACQUAINTED
1.				
2.				
3.				

IN CASE OF EMERGENCY NOTIFY \_\_\_\_\_  
NAME ADDRESS PHONE

It is understood and agreed upon that any misrepresentation by me in this application will be sufficient cause for cancellation of this application and /or separation from the Employer's service if I have been employed.

I give the Employer the right to investigate all reference and to secure additional information about me, if job related. I hereby release from liability the Employer and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

The Employer is an Equal Opportunity Employer. The Employer does not discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant's consideration for employment on a basis prohibited by local, state, or federal law.

This application is current for only 180 days. At the conclusion of this time, if I have not heard from the Employer and still wish to be considered for employment, it will be necessary to fill out a new application.

I understand that just as I am free to resign at any time, the Employer reserves the right to terminate my employment at any time, with or without cause or prior notice. I understand that no representative of the Employer has the authority to make any assurance to the contrary.

Signature of applicant \_\_\_\_\_ Date \_\_\_\_\_