



## Application for Employment

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### PLEASE PRINT

Name: \_\_\_\_\_

First

Middle

Last

Address: \_\_\_\_\_

Street

City

State/Zip

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Application date: \_\_\_\_\_

Are you legally permitted to work in the United States? Yes  No

### PERSONAL

Position for which you are applying: \_\_\_\_\_ Full-time  Part-time

Date available to start: \_\_\_\_\_

Have you previously applied for a job with the Granville Public Library? Yes  No

If yes, when? \_\_\_\_\_

Have you ever been employed with the Granville Public Library? Yes  No

If yes, reason for leaving: \_\_\_\_\_

Are you related to anyone employed by the Granville Public Library? Yes  No

If yes, please state name and relationship: \_\_\_\_\_

Do you have any time commitments that might interfere with your employment? Yes  No

If yes, please explain: \_\_\_\_\_

Have you ever been dismissed or asked to resign from any employment position? Yes  No

If yes, please explain: \_\_\_\_\_

If employed, why do you wish to leave your current employer? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

May we contact your current employer as a reference? Yes \_\_\_\_ No \_\_\_\_

Describe briefly the type of work that you are best qualified to do by reason of background, education, previous employment or training and why you feel you are qualified for the position for which you are applying and why you would like to work at the Library. In particular, mention computer skills and programs with which you are familiar and proficient:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

*A conviction will not necessarily disqualify an applicant from employment.*

## **EDUCATION**

### **High School**

Name: \_\_\_\_\_ Location: \_\_\_\_\_

Did you graduate? Yes \_\_\_\_ No \_\_\_\_

### **College/University**

Name: \_\_\_\_\_ Location: \_\_\_\_\_

Did you graduate? Yes \_\_\_\_ No \_\_\_\_

Degree obtained/area of study: \_\_\_\_\_

### **College/University**

Name: \_\_\_\_\_ Location: \_\_\_\_\_

Did you graduate? Yes \_\_\_\_ No \_\_\_\_

Degree obtained/area of study: \_\_\_\_\_

**EMPLOYMENT**

*Please start with your most recent employment.*

**Employer #1:** \_\_\_\_\_

Address: \_\_\_\_\_

Street

City

State/Zip

Telephone: \_\_\_\_\_ Period of employment: \_\_\_\_\_

Position(s) held: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Essential tasks: \_\_\_\_\_

**Employer #2:** \_\_\_\_\_

Address: \_\_\_\_\_

Street

City

State/Zip

Telephone: \_\_\_\_\_ Period of employment: \_\_\_\_\_

Position(s) held: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Essential tasks: \_\_\_\_\_

**Employer #3:** \_\_\_\_\_

Address: \_\_\_\_\_

Street

City

State/Zip

Telephone: \_\_\_\_\_ Period of employment: \_\_\_\_\_

Position(s) held: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Essential tasks: \_\_\_\_\_

**REFERENCES**

*Please do not include relatives.*

**Reference #1**

Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

Occupation: \_\_\_\_\_

Relationship: \_\_\_\_\_

**Reference #2**

Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

Occupation: \_\_\_\_\_

Relationship: \_\_\_\_\_

**Reference #3**

Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

Occupation: \_\_\_\_\_

Relationship: \_\_\_\_\_

Applications for employment with the Granville Public Library are evaluated and selected on the basis of individual ability with respect to the position being filled. Applicants are selected and hired without consideration of race, color, religion, sex, sexual orientation, age, national origin, political affiliation, or disability.

**CERTIFICATION**

*I, the undersigned, certify that all information contained in this application is true, complete, and correct to the best of my knowledge. I understand that any material omission, misrepresentation, or falsification of this information is grounds for dismissal from or refusal of employment. I hereby authorize the investigation of all statements contained in this application and give permission to contact all or any of my previous employers, references, and/or schools for information unless otherwise noted in this document. I also give my consent to contact the Bureau of Motor Vehicles for a Moving Vehicle Violation Report if such information is required to perform the duties of the position. I indemnify and hold harmless all persons either providing or receiving information, verbal or written, pursuant to this application.*

X  
\_\_\_\_\_

Date: \_\_\_\_\_