

# Employment Application

The Roscommon Area District Library is an Equal Employment Opportunity employer and will not discriminate against any applicant on the basis of race, color, religion, gender identity, sexual orientation, age, national origin, veteran status, disability, height, weight, familial status, marital status, or any other characteristic protected by federal, state, or local law.

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Do you have the legal right to work in the U.S.?  Yes  No

Are you in school now?  Yes  No

If yes, where? \_\_\_\_\_

If you are in school now, what is your expected graduation date? \_\_\_\_\_

## Educational Institutions

Name of School	Location of School	Major/Minor, Concentration	Degree or Certificate Earned	Year Received

Summarize any training, skills, and/or certificates and interests that may qualify you as being able to perform job-related functions in the position for which you are applying. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Business References

Work, volunteer, and school related references are preferred

Name	Contact Information	Relationship

Excluding minor traffic violations, have you ever been convicted of a felony or misdemeanor?  Yes  No

If yes, please provide dates and details. \_\_\_\_\_  
\_\_\_\_\_

A prior conviction does not constitute an automatic bar to employment. Factors such as date of the offense, nature and seriousness of the conviction and relation to the position for which you have applied will be taken into account.

# Employment Application

## Employment History

Please start with your current or most recent position, including military duty.

Employer Name \_\_\_\_\_ Start Date \_\_\_\_\_ End Date \_\_\_\_\_

Address \_\_\_\_\_

Position Title \_\_\_\_\_ Compensation \_\_\_\_\_

Summarize the nature of the work performed and job responsibilities \_\_\_\_\_

\_\_\_\_\_

Reason for Leaving \_\_\_\_\_

May we contact this employer?  Yes  No

Immediate Supervisor and Title \_\_\_\_\_

Immediate Supervisor Contact Information \_\_\_\_\_

---

Employer Name \_\_\_\_\_ Start Date \_\_\_\_\_ End Date \_\_\_\_\_

Address \_\_\_\_\_

Position Title \_\_\_\_\_ Compensation \_\_\_\_\_

Summarize the nature of the work performed and job responsibilities \_\_\_\_\_

\_\_\_\_\_

Reason for Leaving \_\_\_\_\_

May we contact this employer?  Yes  No

Immediate Supervisor and Title \_\_\_\_\_

Immediate Supervisor Contact Information \_\_\_\_\_

---

Employer Name \_\_\_\_\_ Start Date \_\_\_\_\_ End Date \_\_\_\_\_

Address \_\_\_\_\_

Position Title \_\_\_\_\_ Compensation \_\_\_\_\_

Summarize the nature of the work performed and job responsibilities \_\_\_\_\_

\_\_\_\_\_

Reason for Leaving \_\_\_\_\_

May we contact this employer?  Yes  No

Immediate Supervisor and Title \_\_\_\_\_

Immediate Supervisor Contact Information \_\_\_\_\_

# Employment Application

## Hours and Availability

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Earliest Availability						
Latest Availability						

I affirm the information provided on this application (and accompanying resume and notes, if any) is true and complete. I understand and agree any misrepresentation or false statement on this application shall be considered cause for rejection of this application or, in the event I become employed, immediate discharge.

I expressly authorize Roscommon Area District Library and its representatives to contact and obtain information for all references, employers, public agencies and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume, or job interview. I authorize all references and sources to release this information without liability for damage incurred in giving it. I waive any written notice of the release of these records that may be required by state or federal law.

I understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete the Employment Eligibility Verification Form I-9.

I certify that I have read, fully understand, and accept all of these terms.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Thank you for your interest in working at the Roscommon Area District Library.