Chelsea District Library Application for Employment

Social Securit	y #	Date:					
Name:			(184:111)				
		(Last / Fir	rst / Middle)				
Address:		(No Street / C	City / State / Zip)				
		(NO. Sireet / C	ity / State / Zip)				
Telephone: (_	-	Er	mail Address:				
Are you 18 ye	ars of age or older?	Yes No Ha	ve you applied h	ere befor	e?	When?	
Are you legall	y eligible for employr	ment in the United St	ates? Yes _	_No			
•	en convicted of any cr ch have not been and	•	•	•		_	
<u>EDUCATION</u>				Voo	**	Dograal	
Туре	Name/Location		Course of Study Years Degree/ Attended Diploma				
High School			_xxxxxx_				
College							
Graduate School							
Technical or Other							
<u>EMPLOYMEN</u>	NT RECORD (list las	st three employers)					
Company Name/address		Kind of Work	Date: From/To	Rate of Pay	Reasor	Reason for Leaving	
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3.		ı	1	l	ı		

U.S. MILITARY SERVICE

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raining/Experience Received
EFERENCES (Employment related- do not include relatives) ame/ Affiliation/Phone/E-mail
MPLOYMENT
or what posted position are you applying?
id you receive a job description? Salary Desired
hen are you available to begin work?
re you available full-time? If not, what hours are you available?
o you have any relatives who are employed by this organization?YesNo
lease Specify :
an you perform the essential duties of the job in which you wish to be employed, with or without ccommodation?YesNo
there any information we would need about your name, or use of another name, for us to be able to check our work record?Yes No
lease Specify :
lease list any additional information that relates to your ability to perform the job for which you have applied uch as licenses, professional memberships, hobbies, etc.

APPLICANT'S STATEMENT

I understand that the employer follows an "employment at will" policy, in that I or the employer may terminate my employment at any time, or for any reason consistent with applicable state or federal law; this "employment at will" policy cannot be changed verbally or in writing, unless the change is specifically authorized in writing by the library director. I understand that this application is not a contract of employment. I understand that federal law prohibits the employment of unauthorized aliens; all persons hired must submit satisfactory proof of employment authorization and identity; failure to submit such proof will result in denial of employment.

I understand this application will be active for a period of six months; after that time, if I wish to be considered for employment, I must submit a new application.

I understand that the employer will thoroughly investigate my work and personal history and verify all data given on this application, on related papers, and in interviews. I authorize all individuals, schools, and firms named therein, except my current employer if so noted, to provide any information requested about me, and I release them from all liability for damage in providing this information.

I certify that all the statements herein are true and understand that any falsification or willful omission shall be sufficient cause for dismissal or refusal of employment.

Your Signature:		Date:	
Library Use Only:			
Interviewed by		Date	
References checked by		Date	
Supervisor to answer:			
Recommendation to hire? Y/N			
Recommended start date			
Recommended starting salary			
Position title			
Supervisor signature		Date	
Authorization to hire	Director	 Date	

2/12/03