Chelsea District Library Application for Employment

Social Security #			Date:				
Name:							
		(La	st / First / Middl	/ First / Middle)			
Address:							
		(No. Str	eet / City / State	e / Zip)			
Telephone: (hone: ()						
Are vou 18 v	/ears of age or older? _	Yes No Ha	ve vou applied l	here before?	When?		
	ally eligible for employme						
	een convicted of any crim nich have not been annul						
Oliciises, wi	ilcii nave not been annu	ilea, expangea or s	sealed by a cou	it: ii y	es describe in fair		
EDUCATION	<u>N</u>						
Туре	Name/Location		Course of Study	Years Attended	Degree/ Diploma		
High			XXXXXX				
School			^^^^^_				
College				_			
Graduate School							
Technical or Other							
	ENT RECORD (list last		Date:	Rate _			
Company N	lame/address	Kind of Work	From/To	of Pay Reas	on for Leaving		
1			_	ll			
2.		I	I	1 1			

3
U.S. MILITARY SERVICE
Branch of Service
From to
Rank and Type of Service
Training/Experience Received
REFERENCES (Employment related- do not include relatives) Name/ Affiliation/Phone/E-mail
1.
2
3.
<u>EMPLOYMENT</u>
For what posted position are you applying?
Did you receive a job description? Salary Desired
When are you available to begin work?
Are you available full-time? If not, what hours are you available?
Do you have any relatives who are employed by this organization?YesNo
Please Specify :
Can you perform the essential duties of the job in which you wish to be employed, with or without accommodation?YesNo
Is there any information we would need about your name, or use of another name, for us to be able to check your work record?Yes No
Please Specify:

such as licenses, professional memberships, hobb	ies, etc.
employment at any time, or for any reason consists at will" policy cannot be changed verbally or in writing the library director. I understand that this applicated federal law prohibits the employment of unauthorized employment authorization and identity; failure to sufficient to sufficient the sufficient employment authorization and identity; failure to sufficient employment authorization and identity.	ment at will" policy, in that I or the employer may terminate my ent with applicable state or federal law; this "employment ng, unless the change is specifically authorized in writing ation is not a contract of employment. I understand that teed aliens; all persons hired must submit satisfactory proof of abmit such proof will result in denial of employment.
employment, I must submit a new application.	
given on this application, on related papers, and ir	stigate my work and personal history and verify all data interviews. I authorize all individuals, schools, and firms oted, to provide any information requested about me, and ding this information.
I certify that all the statements herein are true and sufficient cause for dismissal or refusal of employr	understand that any falsification or willful omission shall be nent.
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	

Date

Director