

# Buchanan District Library Employment Application

An Equal Opportunity Employer

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

**PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE**

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

last first middle

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

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

SSN: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

Position applying for: \_\_\_\_\_ Salary desired: \_\_\_\_\_

Days/hours available to work: Mon \_\_\_\_\_ Tues \_\_\_\_\_ Wed \_\_\_\_\_ Thurs \_\_\_\_\_ Fri \_\_\_\_\_ Sat \_\_\_\_\_

How many hours can you work weekly? \_\_\_\_\_ Can you work nights? \_\_\_\_\_

Date available to start: \_\_\_\_\_ Full-time only: \_\_\_\_\_ Part-time only: \_\_\_\_\_

**Education/Training:**

Type of School	Name of School	Mailing Address	Years Completed	Degree & Major
High School				
College				
Business or Trade School				
Professional School				

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

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Have you ever been in the armed forces?** Yes \_\_\_\_\_ No \_\_\_\_\_

**Are you now a member of the National Guard?** Yes \_\_\_\_\_ No \_\_\_\_\_

Specialty: \_\_\_\_\_ Date Entered: \_\_\_\_\_ Discharge Date: \_\_\_\_\_

**References:**

Please list two references.

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

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

**Work Experience:**

Please list your work experience for the past five years, beginning with your most recent job held. If you were self-employed, give firm name. Attach additional sheets if necessary.

Company Name: _____
Address: _____
Phone: _____ Name of last supervisor: _____
Employment Dates: Start _____ End _____
Pay or Salary: Start _____ End _____
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you work at this company: _____
_____
_____
Reason for leaving (be specific): _____
_____

Company Name: _____
Address: _____
Phone: _____ Name of last supervisor: _____
Employment Dates: Start _____ End _____
Pay or Salary: Start _____ End _____
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you work at this company: _____
_____
_____
Reason for leaving (be specific): _____
_____

Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Name of last supervisor: \_\_\_\_\_  
Employment Dates: Start \_\_\_\_\_ End \_\_\_\_\_  
Pay or Salary: Start \_\_\_\_\_ End \_\_\_\_\_  
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you work at this company: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Reason for leaving (be specific): \_\_\_\_\_  
\_\_\_\_\_

Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Name of last supervisor: \_\_\_\_\_  
Employment Dates: Start \_\_\_\_\_ End \_\_\_\_\_  
Pay or Salary: Start \_\_\_\_\_ End \_\_\_\_\_  
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you work at this company: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Reason for leaving (be specific): \_\_\_\_\_  
\_\_\_\_\_

Did you complete this application yourself? Yes \_\_\_\_\_ No \_\_\_\_\_

If not, who did?

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

The Buchanan District Library is an “at will” employer. If I am hired by the Library, I understand that I have the right to terminate my employment at any time and for any reason, with or without notice. I further understand that the Library can terminate the employment relationship at any time for any lawful reason, with or without cause, with or without notice. This at-will employment relationship exists regardless of any other written statements or policies or any other Library document or any verbal statements to the contrary. No one except the Library’s director can enter into any kind of employment relationship or agreement which is contrary to the above. To be enforceable, any employment relationship or agreement which is contrary to the above must be in writing and personally signed by the Library’s director and the employee with the full concurrence of the Board of Trustees.

I hereby authorize the Library to verify the answers and information given by me in this application and to make any investigation of my background deemed necessary. I authorize former employers, law enforcement organizations, educational institutions, and any other third party contacted by the Library to release to the Library any information they have regarding me without providing written notice to me. I authorize the Library to use any information in its possession concerning me for any purpose it deems appropriate, including disclosure of information to any third party, future employer or prospective future employer without notification to me of such disclosure, and I release the Library from any liability in connection with such use or disclosure.

If I am hired by the Library, I understand and agree that I will be bound by the rules, regulations, policies, procedures, and other terms and conditions of employment of the Library, as they are from time-to-time changed, with or without notice.

The Buchanan District Library conducts background checks of all individuals to be hired including criminal, credit, references, and background. An Authorization signed by applicants and employees is a required prerequisite to applying for and/or employment with the Library. The Buchanan District Library complies with the requirements of the Fair Credit Reporting Act.

The Buchanan District Library prohibits discrimination against seeking employment on the basis of race, color, national origin, religion, sex, gender identity, pregnancy, physical or mental disability, medical condition (cancer-related or genetic characteristics), ancestry, marital status, age, sexual orientation, citizenship, or service in the uniformed services (as defined by the Uniformed Services Employment and Reemployment Rights Act of 1994).

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_