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:_____

Disclosure and Authorization for Consumer Reports

In connection with my employment or my application for employment (including contract or volunteer services) with Buchanan District Library, I understand consumer reports will be requested by you ("Company"). These reports may include, as allowed by law, the following types of information, as applicable: names and dates of previous employers, reason for termination of employment, work experience, education, accidents, drug/alcohol use, professional credentials, licensure, credit and bankruptcy proceedings, or any other information which may reflect upon my potential for employment or contract work gathered from any individual, organization, entity, agency, or other source which may have knowledge concerning any such items of information. I further understand that such reports may contain public record information such as, but not limited to: my driving record, workers' compensation claims, judgments, bankruptcy proceedings, evictions, criminal records, etc., from federal, state, and other agencies that maintain such records. Such reports may also contain medical information from physicals relevant to process or effect the employment.

In addition, investigative consumer reports (gathered from personal interviews, as applicable, with former employers or landlords, past or current neighbors and associates of mine, etc.) to gather information regarding my work performance, character, general reputation and personal characteristics, and mode of living (lifestyle) may be obtained.

If I am hired, I understand that my employer can use this disclosure and authorization to continue to obtain such consumer reports throughout my employment, contract period or volunteer service.

Authorization

I hereby authorize procurement of consumer report(s) and investigative consumer report(s) listed in the Disclosure by The Buchanan District Library and its consumer reporting agency Integrated Screening Partners. If hired (or contracted), this authorization shall remain on file and shall serve as ongoing authorization for Company to procure such reports at any time during, as permitted by law, my employment, contract, or volunteer period. I authorize without reservation, any person, business or agency contacted by the consumer reporting agency to furnish the above-mentioned information.

I understand that I have rights under the Fair Credit Reporting Act, and I acknowledge receipt of the Summary of Rights.

I authorize Company and Agency to use email communication with me to provide me with notices and information regarding any report or use of such report. If I do not have an email address or do not wish to share it, then communication will be by U.S. Mail, which will result in slower communication.

If you have any questions concerning this background screening content, please contact: Integrated Screening Partners at (800) 474-4420.

Date:_____ Signature:_____ Full Name Printed: _____

Signature of parent or legal guardian (if under 18): _____

Date:_____

For identification purposes:

Social Security Number: _____-_____-_____ Date of Birth: _____

Street Address _____ City_____

State_____ Zip Code_____

Driver's License Number _____ State of Issuance_____ Expiration _____

Previous Names _____

DISCLOSURE FOR CONSUMER REPORTS

The Buchanan District Library may obtain one or more consumer reports and/or investigative consumer reports that contains background information about you in connection with your employment (including contract or volunteer services). The reports may include information about your character, general reputation, personal characteristics or mode of living.

These reports as allowed by law, may include but are not limited to, the following types of information, as applicable: criminal and other public records and history, public court records, motor vehicle and driving records, identity verification, educational and employment history, drug/alcohol test results, professional credentials, licensure, credit history, and other information with public or private information sources.

If investigative consumer reports are obtained, information additionally will include employment or personal references.

Acknowledged:

_____ _____

Signature Date

_____

Printed Full Name

Signature of parent or legal guardian (if under 18): _____

Date: _____

INFORMATION REGARDING YOUR RIGHTS

I acknowledge that I have received and carefully read and understand the separate "Disclosure", the separate "Authorization", and the separate "Summary of Rights under the Fair Credit Reporting Act" that have been provided to me by the Company. I also acknowledge receipt of and that I have carefully read and understand

(as applicable), the separate California Disclosure, and the separate New York Article 23-A that have been provided to me.

I understand that I have the right to make a request to the consumer reporting agency: Integrated Screening Partners ("Agency"), 5316 Hwy. 290 West, Suite 500, Austin, TX 78735, telephone number (800) 474-4420, upon proper identification, to obtain copies of any reports furnished to Company by the Agency and to request the nature and substance of **all information** in its files on me at the time of my request, including the sources of information. The Agency will also disclose the recipients of any such reports on me which the Agency has previously furnished within the two year period for employment requests, and one year for other purposes preceding my request (California three years). I understand that I can dispute, at any time, any information that is inaccurate in any type of report with the Agency. I may view the Agency's privacy policy at their website: www.integratedscreening.com/privacy.asp.

If I am hired, I understand that my employer can use this disclosure and authorization to continue to obtain such consumer reports throughout my employment, contract period or volunteer service.

I understand that certain states such as California, Colorado, Vermont, etc., require a separate disclosure and/or authorization to obtain a consumer's credit report for employment purposes. If such documentation is required, Company will provide this to me before ordering the credit report.

I understand that if the Company is located in California, Minnesota or Oklahoma, that I have the right to request a copy of any report Company receives on me at the time the report is provided to Company. By checking the following box, I request a copy of all such reports be sent to me.

Check here: □

I understand that if the report is provided to an employer in the State of Washington, that I can contact the following office for more information regarding my rights under Washington state law in regard to these reports: State of Washington Attorney General, Consumer Protection Division, 800 5th Ave, Ste. 2000, Seattle, Washington 98104-3188, (206) 464-7744.

New Hampshire registered drivers: The consent for driving records is valid for only two (2) years and is revocable at any time.

Personal information in driving records means information that identifies you, such as your photograph, social security number, driver's license number, your name, your address, your telephone number and medical or disability information relating to any license restrictions. **Highly restricted personal information** includes your photograph or image, social security number, medical or disability information relating to any license restrictions. 18 U.S.C. §2725.

Acknowledged:

Signature: _____ Date: _____

Printed Full Name: _____

Signature of parent or legal guardian (if under 18): _____

Date: _____