

BOONE COUNTY PUBLIC LIBRARY DISTRICT APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to political affiliation, disability, race, color, age, national origin, citizenship, gender, religion, or other protected status.

PERSONAL INFORMATION

NAME [please print] _____
Last First M. I.

ADDRESS _____
Street

City State Zip

PHONE _____ EMAIL _____

AGE [if under 18] _____

EMPLOYMENT DESIRED

POSITION APPLYING FOR _____

LOCATION

- MAIN LIBRARY
- SCHEBEN BRANCH
- FLORENCE BRANCH
- LENTS BRANCH
- WALTON BRANCH
- ANY

HOURS

- FULL TIME
- PART TIME
- DAY
- NIGHT
- WEEKEND
- ANY

SALARY
REQUIRED _____

DATE
AVAILABLE _____

EDUCATION

HIGH SCHOOL DIPLOMA/GED _____ YES _____ NO If NO, years of schooling completed _____

COLLEGE DEGREE _____ YES Name of degree _____
_____ NO Years of schooling completed _____

POSTGRADUATE DEGREE _____ YES Name of degree _____
_____ NO Years of schooling completed _____

EMPLOYMENT HISTORY

List below your last three [3] places of employment, most recent one first:

| | | | |
|--------------|----------|--------------------|-------|
| Dates | Employer | City | State |
| Position [s] | | Reason for leaving | |

| | | | |
|--------------|----------|--------------------|-------|
| Dates | Employer | City | State |
| Position [s] | | Reason for leaving | |

| | | | |
|--------------|----------|--------------------|-------|
| Dates | Employer | City | State |
| Position [s] | | Reason for leaving | |

Please describe any specialized education, training, or job skills including computer experience:

APPLICANT'S STATEMENT

I certify that the answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the employee may resign at any time and the employer may discharge the employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview may result in discharge.

Signature Date