

Huron Public Library				
APPLICATION FOR EMPLOYMENT				
We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status. We are an equal opportunity employer.				
Please Print				
Position Applied For		Date of Application		
How Did You Learn About Us?				
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend	<input type="checkbox"/> Inquiry		
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Relative	<input type="checkbox"/> Other		
Last Name	First Name	Middle Name		
Address	City	State	Zip	
Telephone Number(s)		Best time to contact you at home is:		
		_____ am/pm		
Email address:				
				YES
				NO
If you are under 18 years of age, can you provide required proof of your eligibility to work?				<input type="checkbox"/>
Have you ever filed an application with us before?				<input type="checkbox"/>
If yes, give date				
Have you ever been employed with us before?				<input type="checkbox"/>
If yes, give date				
Do any of your friends or relatives, other than spouse, work here?				<input type="checkbox"/>
If yes, state name, relationship and location				
Are you currently employed?				<input type="checkbox"/>
May we contact your present employer?				<input type="checkbox"/>
Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?				<input type="checkbox"/>
<i>Proof of citizenship or immigration status will be required upon employment.</i>				
Date available for work:				
What is your desired salary range?				
Are you available to work:		<input type="checkbox"/> Full time (Please indicate: Mornings Afternoons Evenings)		
		<input type="checkbox"/> Part time (Please indicate: Mornings Afternoons Evenings)		
Are you currently on "lay-off" status and subject to recall?				<input type="checkbox"/>
Can you travel if a job requires it?				<input type="checkbox"/>
Have you been convicted of a crime in the last seven (7) years?				<input type="checkbox"/>
<i>If yes, please explain.</i>				
EDUCATION				
School	Name and Address of School	Course of Study	Years Completed	Diploma/Degree
High School				
Undergraduate College				
Graduate/Professional				
Other (Specify)				

WORK EXPERIENCE			
Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.			
Employer	Dates Employed		Work Performed
Address	From	To	
Telephone Number(s)			
Starting/Present Job Title	Hourly Rate/Salary		
Supervisor	Starting	Final	
Reason for leaving			
Employer	Dates Employed		Work Performed
Address	From	To	
Telephone Number(s)			
Starting/Present Job Title	Hourly Rate/Salary		
Supervisor	Starting	Final	
Reason for leaving			
Employer	Dates Employed		Work Performed
Address	From	To	
Telephone Number(s)			
Starting/Present Job Title	Hourly Rate/Salary		
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Starting/Present Job Title	Hourly Rate/Salary		
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Reason for leaving			
Employer	Dates Employed		Work Performed
Address	From	To	
Telephone Number(s)			
Starting/Present Job Title	Hourly Rate/Salary		
Supervisor	Starting	Final	
Reason for leaving			

Comments: Include explanation of any gaps in employment.
Describe any specialized training, apprenticeship, skills and extra-curricular activities.
Describe any job-related training received in the United States military.
List professional, trade, business or civic activities and offices held.
<i>You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.</i>

ADDITIONAL INFORMATION			
Other Qualifications <i>Summarize special job-related skills and qualification acquired from employment or other experience.</i>			
SPECIALIZED SKILLS (Skills/Equipment Operated)			
<input type="checkbox"/> PC	<input type="checkbox"/> Calculator	<input type="checkbox"/> Publisher	
<input type="checkbox"/> Typewriter	<input type="checkbox"/> Digital Camera	<input type="checkbox"/> Power Point	
<input type="checkbox"/> Fax	<input type="checkbox"/> Word	<input type="checkbox"/> Web Editing software	
<input type="checkbox"/> Copier	<input type="checkbox"/> Excel		
Other:			
State any additional information you feel may be helpful to us in considering your application.			
Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENT OF THE JOB FOR WHICH YOU ARE APPLYING.			
Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A review of the activities involved in such a job or occupation has been given.			
<input type="checkbox"/> YES NO			
PERSONAL/PROFESSIONAL REFERENCES Do not include family members or past supervisors.			
Name	Phone Number	Best Time to Call	Occupation
1.			
2.			
3.			

APPLICANT'S STATEMENT	
I certify that answers given herein are true and complete.	
I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.	
I agree to a criminal background check including fingerprinting, a motor vehicle record check and proof of automobile insurance.	
This application for employment shall be considered active for a period of time not to exceed one year. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.	
I hereby 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 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(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.	
Signature of Applicant*	Date