

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 projected status. We are an equal opportunity employer.		
Position Applied For	Date of Application	
How did you learn about us? (circle/highlight answer)		
Advertisement	Friend	Inquiry
Employment Agency	Relative	Other: _____
Last Name:	First Name:	Middle Initial:
Address:		
Telephone Number:		
Email Address:		
Best time to contact you at home: _____ am/pm		
If you are under 18 years of age, can you provide required proof of your eligibility to work?		
Have you filed an application with us before?		
If yes, give date		
Have you ever been employed with us before?		
If yes, give date		
Do any of your friends or relatives work here?		
If yes, state name and relationship		
Are you currently employed?		
Are you prevented from lawfully becoming employed in this country because of visa or immigration status?		
<i>Proof of citizenship or immigration status will be required upon employment.</i>		
Are you currently on "lay-off" status and subject to recall?		
Can you travel if a job requires it?		
Have you been convicted of a crime in the last seven (7) years?		
If yes, please explain		
Date available for work:		
What is your desired salary range?		
Are you available to work:	____ Full time (please indicate mornings, afternoons, evenings)	
	____ Part time (please indicate mornings, afternoons, evenings)	

EDUCATION				
School	Name of School	Course of Study	Years Completed	Diploma/Degree
High School				
Undergraduate College				
Graduate				
Other				

WORK EXPERIENCE	
Start with your current 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 protected status.	
Employer	Work Performed
Address (City/State)	
Telephone Number	
Job Title	
Supervisor	
Reason for Leaving	
Employer	Work Performed
Address (City/State)	
Telephone Number	
Job Title	
Supervisor	
Reason for Leaving	

WORK EXPERIENCE CONT'D	
Employer	Work Performed
Address (City/State)	
Telephone Number	
Job Title	
Supervisor	
Reason for Leaving	
Employer	Work Performed
Address (City/State)	
Telephone Number	
Job Title	
Supervisor	
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

Summarize special job-related skills and qualifications acquired from employment or other experience.

State any additional information you feel may be helpful for us in considering your application.

Are you capable of performing in a reasonable manner, with or without reasonable accommodation, the activities involved in this job or occupation for which you have applied? A review of the activities involved in such a job or occupation is in the job description.

____ YES ____ NO

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 to arrive at an employment decision.

I agree to a criminal background check including fingerprinting.

This application for employment shall be considered active for a period not to exceed one year. Any applicant wishing to be considered for employment beyond this period should inquire as to whether applications are 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

PERSONAL/PROFESSIONAL REFERENCES <i>Do not include family members or past supervisors.</i>		
NAME	EMAIL	OCCUPATION