



JACKSON CITY LIBRARY

EMPLOYMENT APPLICATION

We consider applicants for all positions without regard to race, color, creed, gender, national origin, age, disability, marital, or veteran status, sexual orientation, or any other legally protected status.

PERSONAL INFORMATION (please print)

Position(s) Applied For	Date
How Did You Learn About Us?	
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Relative/Friend
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Walk-in <input type="checkbox"/> Other _____

Last Name	First Name	Middle Name
Street Address		
City, State, Zip		
Telephone Number(s)		

Are you currently employed? YES NO

May we contact your present employer? YES NO

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? YES NO

Have you been convicted of a felony? YES NO

EDUCATION

	NAME & ADDRESS	COURSE OF STUDY	YEARS COMPLETED	DIPLOMA OR DEGREE
ELEMENTARY SCHOOL				
HIGH SCHOOL				
COLLEGE				
OTHER (Specify)				



MILITARY (COMPLETE IF YOU HAVE SERVED IN THE U.S. ARMED FORCES)

Branch of Service	Describe your duties and any special training
Period of Active Duty (Month & Year) From _____ To _____	
Rank at Discharge	
Date of Final Discharge	

EMPLOYMENT EXPERIENCE

1. Employer		Dates Employed		Worked Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rates/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				
2. Employer		Dates Employed		Worked Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rates/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				
3. Employer		Dates Employed		Worked Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rates/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				
4. Employer		Dates Employed		Worked Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rates/Salary		
		Starting	Final	
Job Title	Supervisor			



Reason for Leaving			
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ADDITIONAL INFORMATION

Other Qualifications

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

REFERENCES

1.	_____	_____
	(Name)	(Phone)
	_____	_____
	(Address)	
2.	_____	_____
	(Name)	(Phone)
	_____	_____
	(Address)	
3.	_____	_____
	(Name)	(Phone)
	_____	_____
	(Address)	

The facts set fourth above in my application for employment are true and complete to the best of my knowledge. I understand falsified information or significant omissions may disqualify me from further consideration for employment and may be considered justification for dismissal if discovered at a later date.

Date

Signature



Applicant Release Form

I, _____, presently residing at

have applied for employment with the _____. I have been advised and am fully aware that a representative of the entity will be conducting a thorough investigation of my background to assist in determining my suitability for this employment/membership. I realize that, in conducting this background investigation, representatives will be making inquiries of: Officials and Records Offices at schools which I have attended; Physicians and/or other persons who may have examined or treated me for any physical or other type illness or injury; Police and/or Court Records with whom I may have an arrest or conviction record; Motor Vehicle Record (MVR) investigation for current and future driving records; Credit Bureaus and/or firms who may have information regarding my credit history and/or financial standing; present and previous employers; and any other persons who may be able to provide information about me which the Department deems necessary.

I hereby give my permission and waive all provisions of law forbidding any physician or other person who has attended me or any other school official, court, policy agency, credit bureau, employer, firm or person, from disclosing any knowledge or information they have concerning me which is requested or desired by the entity. I further consent that the entity official or his/her representative be provided with a copy of any such records concerning me which they may desire.

I hereby give my consent to Jackson City Library or it's designee to perform test of my blood and/or urine to determine my possible usage of prohibited substances. If accepted for employment, I agree to take drug and/or alcohol tests whenever requested by Jackson City Library and understand that the taking of such tests is a condition of my continued employment.

I also recognize the right of the entity to periodically perform additional checks of my criminal, medical, motor vehicle, or financial records as a condition of my continued employment.

Signature of Applicant

Date

Authorized By: _____



Background Research Release Form

Please read this section carefully and acknowledge your understanding by signing your name in the space below.

I certify that all of the statements made by me on this application for employment are true, correct, and complete to the best of my knowledge.

1. Consent to Conduct Background Investigation

As a condition of and in consideration for Jackson City Library's consideration of this application, I give permission to Jackson City Library to investigate my personal and employment history and my driving record. I further understand and agree that Jackson City Library may investigate my driving record on an ongoing basis. I understand that this background investigation will include, but not be limited to, verification of all information on this application, as well as interviews with past employers. I further give permission to Jackson City Library to conduct this investigation and to discuss the results of this investigation in connection with my application for employment.

2. Consent to Contact Past Employers

I give permission to Jackson City Library to contact all employers listed in this application (except those specifically excluded) for references. I further give permission to all current or previous employers and/or managers or supervisors to discuss my relevant personal and employment history with Jackson City Library consent to the release of such information orally or in writing, and hereby release them from all liability and agree not to sue them for defamation or other claims based upon any statements they make to any representative of Jackson City Library . I further waive all rights I may have under state law to receive a copy of any written statement provided by any of my former employers to Jackson City Library . I further agree to indemnify all past employers for any liability they may incur because of their reliance upon this release.

3. Consent to Contact Government Agencies

I give permission to any agent, attorney or representative of Jackson City Library to receive a copy of any information obtained in the file of any federal, state or local court, governmental agency, law enforcement agency or investigator concerning or relating to me. I further consent to the release of such information and waive any right under state law concerning notification of the request for a release of such information. In the event a state law does not provide for prospective employers to have access to information, I hereby delegate Jackson City Library as my agent for receipt of information. I understand that the scope of this investigation will be limited to criminal and/or civil records that relate to my honesty, integrity and/or abilities.



4. Cooperation with Investigation

I agree to fully cooperate in Jackson City Library's background investigation, and to sign any waivers or releases that may be necessary to obtain access to relevant information. In the event that any former employer or federal, state or local governmental agency will not release reference information or criminal history information directly to the employer, I agree to personally request such information to the extent permitted by law.

Note: Some states prohibit employers from asking applicants to request their criminal records. Check with your state authorities and competent legal counsel prior to making this request.

5. Falsification Statement

I understand that any falsification or willful omission of fact made in this application or in connection with any background investigation may be sufficient grounds for rejection of this application, or, if discovered after an offer of employment, for immediate dismissal.

6. Employment "At Will"

In consideration of my employment, I agree to conform to the rules and regulations of Jackson City Library, and my employment and compensation is "at will" in that they can be terminated with or without cause, and with or without notice, at any time, at the option of either Jackson City Library or myself, except as otherwise provided by law. I understand that no manager or representative of Jackson City Library, other than the Trustees, has authority to enter into any agreement for employment for any specified period of time or to make any agreement or contract to the foregoing, and that any promises to the contrary will only be relied upon by me if they are in writing and signed by the Trustees of the Jackson City Library.

Applicant's Signature

Date