

**Richland Community Library  
EMPLOYMENT APPLICATION**

Date: \_\_\_\_\_ Position Applied for: \_\_\_\_\_

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Have you ever been previously employed by our organization? Yes No

Have you previously applied for a position in our organization? Yes No

Are you 18 years old or older? Yes No

Are you a citizen of the United States? Yes No If no,

I understand that should I be employed by the Richland Community Library, that I will be required to produce at the time of hire Employment Eligibility documents in compliance with the Immigration Reform and Control Act of 1986, Form I-9 I Understand

Have you ever been convicted of a crime? Yes No If yes,

Please explain (note: a conviction will not automatically hinder employment)

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How did you hear about this position? \_\_\_\_\_

**Education:** Highest grade completed (Check the current grade if presently attending)

High School: 9 10 11 12

Post high school: 1 2 3 4 5 6

**Name of High School/Colleges**

**Location**

**Diplomas/Degrees**

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Are you presently attending school? Yes No Where? \_\_\_\_\_

What is your major/area of interest? \_\_\_\_\_

Skills and Qualifications (Summarize any job-related training, skills, licenses, certificates, and/or other qualifications)

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**Work /Volunteer Experience** (Start with most recent)

1: Employer: \_\_\_\_\_ Position held: \_\_\_\_\_

City & State: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Immediate Supervisor and title: \_\_\_\_\_

Dates employed: from \_\_\_\_\_ to \_\_\_\_\_

Salary: \$\_\_\_\_\_  Hourly  Bi-Weekly  Yearly

Job summary: \_\_\_\_\_

\_\_\_\_\_

Reason for leaving: \_\_\_\_\_

2: Employer: \_\_\_\_\_ Position held: \_\_\_\_\_

City & State: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Immediate Supervisor and title: \_\_\_\_\_

Dates employed: from \_\_\_\_\_ to \_\_\_\_\_

Salary: \$\_\_\_\_\_  Hourly  Bi-Weekly  Yearly

Job summary: \_\_\_\_\_

\_\_\_\_\_

Reason for leaving: \_\_\_\_\_

3: Employer: \_\_\_\_\_ Position held: \_\_\_\_\_

City & State: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Immediate Supervisor and title: \_\_\_\_\_

Dates employed: from \_\_\_\_\_ to \_\_\_\_\_

Salary: \$\_\_\_\_\_  Hourly  Bi-Weekly  Yearly

Job summary: \_\_\_\_\_

\_\_\_\_\_

Reason for leaving: \_\_\_\_\_

**REFERENCES** List three (3) non-family references:

Name                      Phone Number                      Years Known                      How Do You Know Them?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Available to start on: \_\_\_\_\_

Are you able to work the number of hours specified in the job posting?  Yes  No

Availability\*:

Tuesdays			Wednesdays			Thursdays			Fridays			Saturdays
_____	-	_____	_____	-	_____	_____	-	_____	_____	-	_____	<input type="checkbox"/> I am able to work 9 a.m.-1 p.m.
a.m.		p.m.	a.m.		p.m.	a.m.		p.m.	a.m.		p.m.	

*\*If you will need specific, extended time off (vacations, etc.) please note the dates in the Additional Comment section below.*

Can you perform the essential duties of the job in which you wish to be employed, with or without accommodation? \_\_\_\_\_

\_\_\_\_\_

Additional Comments: (Anything you would like the hiring staff to take into consideration)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**EMPLOYMENT POLICY:** It is the policy of the Board of Trustees that the employment relationship between an employee and Richland Community Library is terminable at the will of either the employee or the Richland Community Library at any time, with or without cause and with or without notice.

**Applicant's Statement**

I verify that the information given by me in this application is true, accurate and complete. I understand that if I have given any false information on this application or if I have omitted any material facts, I may be disqualified from employment with the Richland Community Library, or if hired, I may be discharged immediately upon discovery of such false statement or omissions.

It is my understanding that the Richland Community Library will make a thorough investigation of my entire work history and may verify all data given in my application for employment or oral interviews. I authorize such investigation and the giving and receiving of any information requested by Richland Community Library. I understand that falsification of data so given or other derogatory information discovered as a result of this investigation may prevent my being hired, or if hired, may subject me to immediate dismissal. If I am offered this position and accept employment, I agree to a criminal history record check from criminal records division of the State Police. I understand that this application is not, and is not intended to be a contract of employment.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_