

APPLICATION FOR EMPLOYMENT

POPLAR BLUFF MUNICIPAL LIBRARY DISTRICT



Position:

Applicants are considered for all positions without regard to race, color, religion, creed, gender, national origin, disability, marital status or veteran status. If you need assistance or reasonable accommodation during the application process, call (573) 686-8639.

If you are selected to participate in the interview process, you will be contacted AFTER THE POSTED CLOSING DATE.

P E R S O N A L	Last name			First	Middle	Date
	Street address					Home phone ()
	City, State, Zip					Business phone ()
	Have you ever applied for employment with us? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: Month and year _____ Location _____					Cell phone ()
	Position desired					Other phone ()
	How did you find out about this job opening?					E-mail address
	Are you legally eligible for employment in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No					Pay expected
	Do you have relative(s) working for the Library? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list name and relationship _____					

E D U C A T I O N	School	Name and location of school	Course of study	Number of years completed	Did you graduate?	Degree or diploma
	High School				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Business/ Trade/ Technical				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	College				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Graduate Level				<input type="checkbox"/> Yes <input type="checkbox"/> No	

A V A I L A B I L I T Y	Do you prefer part time or full time work? <input type="checkbox"/> Part time <input type="checkbox"/> Full time		Number of hours desired per week _____				
	Will you work overtime if asked? <input type="checkbox"/> Yes <input type="checkbox"/> No						
	When will you be available to begin work? _____						
	Total hours available per week: _____						
	S M T W T F S						
Hours available each day:		FROM					
		TO					

EMPLOYMENT

Please give accurate, complete full time and part time employment record. Start with your present or most recent employer. NOTE: Your application will not be considered unless every question in this section is answered. Since we will make every effort to contact previous employers, the correct telephone numbers of past employers are critical. Ask for a phone book or call information if necessary.

1	Company name	Telephone ()
	Address	Employed (State month and year) From To
	Name of supervisor	Hourly pay Start Last
	State job title and describe your work _____	Reason for leaving

2	Company name	Telephone ()
	Address	Employed (State month and year) From To
	Name of supervisor	Hourly pay Start Last
	State job title and describe your work _____	Reason for leaving

3	Company name	Telephone ()
	Address	Employed (State month and year) From To
	Name of supervisor	Hourly pay Start Last
	State job title and describe your work _____	Reason for leaving

4	Company name	Telephone ()
	Address	Employed (State month and year) From To
	Name of supervisor	Hourly pay Start Last
	State job title and describe your work _____	Reason for leaving

<p>We may contact the employers listed above unless you indicate those you do not want us to contact.</p>	<p style="text-align: right;">DO NOT CONTACT</p> <p>Employee number(s) _____ Reason _____</p> <p>_____</p>
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Name _____ Date _____

Address _____ LAST _____ FIRST _____

STREET _____ CITY _____ STATE _____ ZIP _____

Phone _____ PRIMARY _____

SKILLS

Check all the boxes below that apply to your current skills.

Circle proficiency:	Use daily	Use occasionally	Have not used	List other skills/qualifications:
<input type="checkbox"/> Keyboarding	1	2	3	_____
Microsoft Applications:				_____
<input type="checkbox"/> Windows	1	2	3	_____
<input type="checkbox"/> Word	1	2	3	_____
<input type="checkbox"/> Excel	1	2	3	_____
<input type="checkbox"/> Powerpoint	1	2	3	_____
<input type="checkbox"/> Access	1	2	3	_____
<input type="checkbox"/> E-mail	1	2	3	_____
<input type="checkbox"/> Data entry	1	2	3	_____
<input type="checkbox"/> Internet Search Engines	1	2	3	_____
<input type="checkbox"/> Other _____	1	2	3	_____
<input type="checkbox"/> Other _____	1	2	3	_____

Membership in professional or civic organizations (Exclude those which may disclose your race, color, disability, religion or national origin)

MILITARY

Did you serve in the U.S. Armed Forces? Yes No
If yes, in what Branch?

Describe any training received relevant to the position for which you are applying.

List states and counties of residence for the past seven years.

Have you used any names other than previously stated? Yes No
If yes, list them.

Have you been convicted of or served time for a felony in the past seven years? Yes No
If yes, describe below. (This information will be reviewed for job relatedness and time since last conviction.)

WHEN	CITY/STATE	CHARGE
1.		
2.		

SECURITY

PRIMARY _____

REFERENCES

**Do not include family members or personal friends if possible.
List only references who have knowledge of your work habits and skills.**

Name _____ Phone _____
HOME BUSINESS

Relationship _____ Title _____

Name _____ Phone _____
HOME BUSINESS

Relationship _____ Title _____

Name _____ Phone _____
HOME BUSINESS

Relationship _____ Title _____

SIGNATURE

Have you read and understood a listing of the essential functions for this job? Yes No
 Are you capable of performing the essential functions involved in this job or occupation, with or without reasonable accommodation? Yes No

PLEASE READ CAREFULLY AND SIGN

I certify that the above statements are correct. I understand that any false information (or omissions) in this application, or its supporting documents, will be sufficient grounds for refusal to hire or termination without notice. I understand that the Poplar Bluff Municipal Library District has the right to review my education, previous employment and other background information as may be necessary in arriving at an employment decision. I hereby understand 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 at any time and the Employer may discharge the Employee at any time with or without cause.

If the Library decides to engage an investigative consumer reporting agency to perform customary reference checks, I authorize the Library to do so. I release my former employers and the Poplar Bluff Municipal Library District from any liability incurred from information obtained.

_____ Applicant's Signature _____ Date _____

For employer's use only

REFERENCE CHECK

Employer	Person contacted	Results
1		
2		
3		
4		

NOTICE OF NONDISCRIMINATION—Poplar Bluff Municipal Library District does not discriminate on the basis of race, color, religion, national origin, ancestry, sex, age, disability, status as a disabled veteran or veteran of the Vietnam Era or other protected status. Our organization highly values diversity.