



REED MEMORIAL LIBRARY

APPLICATION FOR EMPLOYMENT

In compliance with federal and state equal opportunity laws, Reed Memorial Library is an Equal Opportunity employer. It is the philosophy, intent and commitment of Reed Memorial Library to adhere to a policy of equal opportunity for all employees and applicants. Qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, or other presence of a non-job-related medical condition or handicap, or any other legally protected status.

PLEASE PRINT

Today's Date _____

Last name		First name		Middle name	
Address: Number	Street	City		State	Zip
Telephone #	Cell #	Email address			

Please state the position for which you are applying _____

If applying for an open position, how did you hear about it? _____

Are you known to schools/references by another name? ___ yes ___ no

If yes, by what name? _____

If you are under 18 years of age, can you provide required proof of your eligibility to work? ___ yes ___ no

Have you ever filed an application with us before? ___ yes ___ no If yes, give date _____

Have you ever been employed with us before? ___ yes ___ no If yes, give dates _____

Are you currently employed? ___ yes ___ no May we contact your present or previous employer? ___ yes ___ no

How soon could you be available to work? _____

If hired, how long do you plan to stay in this position? _____

Are you legally restricted from employment in the United States because of visa or immigration status?
___ yes ___ no (Proof of citizenship or immigration status will be required when employed.)

Are you available to work? ___ full time ___ part time ___ days ___ evenings ___ Saturdays ___ Sundays
(Please check all that apply)

Are you currently on lay off and subject to recall? ___ yes ___ no

Can you travel if the job requires it? ___ yes ___ no

This employment application does not seek information regarding the applicant's criminal record. However, the Library reserves the right to make inquiry into the applicant's criminal record, to conduct a criminal background check and to condition any offer of employment on the information obtained from any such inquiry or background check. In evaluating an applicant's criminal record, the Library shall make an individualized assessment, utilizing the factors permitted by applicable law.

Can you be bonded if the job requires it? ___ yes ___ no

Do you give permission for the Library to conduct a credit check if chosen for an interview? ___ yes ___ no

Do you know, or are you related to, anyone working in any public library in Portage County? ___ yes ___ no
If yes, list name(s) and how you are related _____

EDUCATION

HIGH SCHOOL

School Name	Complete Address
Course of Study	
Years completed 1 2 3 4	Diploma/Degree

UNDERGRADUATE COLLEGE

School Name	Complete Address
Course of Study	Did you graduate?
Years completed 1 2 3 4	Diploma/Degree

GRADUATE/PROFESSIONAL

School Name	Complete Address
Course of Study	Did you graduate?
Years completed 1 2 3 4	Diploma/Degree

OTHER

Describe any other special skills, activities or qualifications that would help you do this job.

Have you ever had any job-related training in the U. S. military? ___ yes ___ no

If yes, please describe _____

Other than English, are you fluent in any language? ____ Please list: _____

Can you sign for the hearing impaired? ___ yes ___ no

Please indicate computer programs with which you are familiar: _____

Please indicate computer programs with which you are proficient: _____

EMPLOYMENT EXPERIENCE: Complete this section even if a resume is attached

Begin with your most current work experience. Include any job related military experience and volunteer activities. You may exclude organizations that indicate race, color, religion, gender, national origin, disabilities or other protected status.

Employer	Dates Employed
Employer's Complete Address	Phone #
Job Title	Supervisor's Name
Starting salary/Final salary	Reason for leaving
Work performed	

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APPLICANT'S STATEMENT

PLEASE READ THIS CAREFULLY BEFORE SIGNING

My signature below acknowledges that I am aware that any claim or lawsuit related to my service with Reed Memorial Library must be filed no more than six (6) months after the date of the employment action that is the subject of the claim or lawsuit.

I waive any statute of limitations to the contrary.

Signature

Date

Print Name

APPLICANT'S STATEMENT

I certify that the answers given on this form are true and complete to the best of my knowledge.

I authorize the investigation of all statements contained in this application for employment as may be necessary to arrive at an employment decision.

In the event of employment, I also 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 library.

Signature

Date

Adopted 04/13/93
Revised 09/09/96; 10/04/05;
11/01/05; 11/30/07; 2/2/10
10/09/12; 2/8/16, 8/7/19; 5/13/20
9/21/21