

EMPLOYMENT

Please give accurate, complete fulltime and parttime 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	Weekly 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	Weekly 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	Weekly 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	Weekly pay Start Last
	State job title and describe your work _____	Reason for leaving

We may contact the employers listed above unless you indicate those you do not want us to contact.

DO NOT CONTACT

Employee number(s) _____ Reason _____

Name

LAST

FIRST

MIDDLE

Date

Address

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

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S**

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

Name _____ Phone _____
 Relationship _____ Address _____ HOME BUSINESS

Name _____ Phone _____
 Relationship _____ Address _____ HOME BUSINESS

Name _____ Phone _____
 Relationship _____ Address _____ HOME BUSINESS

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Are you capable of performing the essential functions involved in this job or occupation, with or without reasonable accommodation? Yes No

Have you read and understood a listing of the essential functions for this job? 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 Springfield-Greene County 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 resign 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 Springfield-Greene County Library District from any liability incurred from information obtained.

_____ Applicant's Signature _____ Date

For employer's use only

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C
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C
K**

Employer	Person contacted	Results
1		
2		
3		
4		

NOTICE OF NONDISCRIMINATION—Springfield-Greene County 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.