

APPLICATION FOR EMPLOYMENT

The Mound City Public Library
207 E. 6th Street / P.O. Box 93
Mound City, MO 64470
Phone: 660-442-3700: Fax: 660-442-3149
Email: mclibdirector@outlook.com

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including age, sex, color, race, creed, national origin, religious persuasion, marital status, political belief, or disability that does not prohibit performance of essential Job functions.

Initial screening will be based on this application. Please be sure to answer all items completely and accurately. Let us know if you do not understand an item or need help in completing this application. **If you have a resume, please fill out this form and attach the resume to it.**

Position Applied for: _____ Date: _____

PERSONAL INFORMATION

NAME: Last First Middle

Street Address City State Zip

How long have you lived at this residence? _____

Previous Residence Address City State (if less than 2 years)

Street Address City State Zip

How long did you live at this residence? _____

Home Phone Number: _____ Cell Phone: _____

Email Address: _____

Federal law prohibits the employment of unauthorized aliens. All persons hired must submit satisfactory proof of employment authorization and identity (valid driver's license, birth certificate, Green Card, etc.) within three days of being hired. Failure to submit such proof within the required time shall result in immediate employment termination.

Is there any information we would need about your name or use of another name for us to be able to check your work record? Please specify: _____

Are you authorized to work in the U.S.? Yes No

How were you referred to us? _____

Have you ever been convicted of a felony? Yes No

Are you or have you been in the military? Yes No If yes, what branch? _____

EDUCATION:

Type of Schooling (Elementary, Middle, High, College, etc.)	Name of Institution	City, State	Major/Course of Study	Hours/Credits/Degrees Earned

List any Special Training, Licenses, Training Schools, And Armed Forces Training. If license, please list expiration date.

Please list knowledge of computers and software.

Software/Operating System	Experience?	Years of Experience
Windows 7 and above		
Microsoft Word		
Microsoft Excel		
Microsoft Access		
Microsoft Outlook		
Microsoft PowerPoint		
Other, please list:		

EMPLOYMENT RECORD: (Please include all employment for the last five years)

If you need additional space, please continue on a separate sheet of paper. Please list most recent employers first.

Most Recent/Present Employer:	
Address:	City/State/Zip:
Phone#:	Supervisor:
Position Held:	Wage/Salary:
Employment Date from:	to:
Primary Duties:	
Reason for Leaving:	

Previous Employer:	
Address:	City/State/Zip:
Phone#:	Supervisor:
Position Held:	Wage/Salary:
Employment Date from:	to:
Primary Duties:	
Reason for Leaving:	

Previous Employer:	
Address:	City/State/Zip:
Phone#:	Supervisor:
Position Held:	Wage/Salary:
Employment Date from:	to:
Primary Duties:	
Reason for Leaving:	

Have you ever been dismissed or asked to resign or had any disciplinary action taken against you from any employment or volunteer position you have held? Yes No

If yes, please give details, including dates, employer's name and specifics:

Have you resigned or left a job by mutual agreement following allegations of misconduct or unsatisfactory job performance? Yes No

If YES, please give details, including dates, employer's name and specifics:

REFERENCES:

Please list the names of persons (professional and personal) not related to you:

1. Complete Name:	Occupation:
Address:	
Phone#:	
Years Known:	
2. Complete Name:	Occupation:
Address:	
Phone#:	
Years Known:	
3. Complete Name:	Occupation:
Address:	
Phone#:	
Years Known:	

EMERGENCY CONTACTS:

IN CASE OF EMERGENCY, NOTIFY: _____
PHONE NUMBER: _____
RELATIONSHIP TO YOU: _____

APPLICANT'S STATEMENT:

**PLEASE READ CAREFULLY AND SIGN IN INK. APPLICATIONS WITHOUT SIGNATURES
WILL NOT BE ACCEPTED.**

I certify that the facts set forth above in my application for employment are true and complete to the best of my knowledge.

I understand that if employed, false statements or misleading information on this application shall be considered sufficient cause for dismissal. I further understand that an incomplete application or absence of my signature on this application is just cause for rejection of this application.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

Date: _____ Signature: _____