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| **EMPLOYMENT APPLICATION** | | | |
| **The Ames Public Library Friends Foundation (APLFF) is committed to a policy of Equal Employment Opportunity and will not discriminate against an applicant or employee on the basis of race, color, religion, creed, national origin or ancestry, sex, age, physical or mental disability, veteran or military status, genetic information, sexual orientation, marital status, or any other legally recognized protected basis under federal, state or local laws, regulations or ordinances. The information collected by this application is solely to determine suitability for employment, verify identity and maintain employment statistics on applicants.  Applicants with disabilities may be entitled to reasonable accommodation under the terms of the Americans with Disabilities Act and certain state or local laws. A reasonable accommodation is a change in the way things are normally done which will ensure an equal employment opportunity without imposing undue hardship on APLFF. Please inform the APLFF’s personnel representative if you need assistance completing any forms or to otherwise participate in the application process.  Please provide complete information. An incomplete application may affect your consideration for employment.** | | | |
| **PERSONAL** | | |
| First Name | Middle Name | Last Name |
| **CURRENT ADDRESS INFORMATION** | | |
| |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | |  |  |  | | --- | --- | --- | | Type | | | | Current Address Line 1 | | | | Current Address Line 2 | | | | City | State/Province | Zip | | Country | | | | | |  | | | |
| **PHONE NUMBERS** | | |
| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | |  |  | | --- | --- | | Type | | | Number | Extension | | | |  | | | |
| E-mail Address | | |
| Are you willing to travel? | | |
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| **POSITION INFORMATION** | | |
| Type of work desired | Salary Range Expected | Date Available to Start |

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| **FUNDRAISING QUESTION** |
| *Describe a successful or creative gift solicitation or fundraising effort you were involved in.* |
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| **EDUCATION** |
| |  |  |  |  | | --- | --- | --- | --- | | School/Institution Name | | | | | City | | | | | Country | | | State/Province | | Did You Graduate? | |  | Degree: | |  | |  | Number of Years Completed | | Major/Area of Study | | | Minor | |  | |
| List any work-related certifications or licenses you currently possess. |

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| **PROFESSIONAL REFERENCES** |
| **List three professional references (other than those listed as current/former supervisor) that we may contact.** |
| |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | |  |  | | --- | --- | | First Name | Last Name | | Email | Phone | | Company |  | | | |  | |
| |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | |  |  | | --- | --- | | First Name | Last Name | | Email | Phone | | Company |  | | | |  | |
| |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | | |  |  | | --- | --- | | First Name | Last Name | | Email | Phone | | Company |  | | | | |  |  | |

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| **EMPLOYMENT RECORD** |
| *List all employment experience for the past ten years, starting with the most recent or present employer, including US Military Service. Using a separate section for each position, describe in detail all work experience including periods of unemployment. You may include as part of your employment history any verified work performed on a volunteer basis. Resumes may not be substituted in lieu of completing the following employment information.* |
| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Name of Employer | | | | | | | Address | | | | | | | City | | | | | | | Country | | | State/Province | | Zip | | Your Job Title | | | | | | | Start Date | | | End Date (If you are still currently employed, please add the present date) | | | | Ending Salary | | |  | | | | Supervisor's Name | | | Supervisor's Title | | | | Job Responsibilities | | | | | | | Reason For Leaving | | | | | | | May We Contact? | | | Employer Phone Number | | | | Name of Employer | | | | | | | | Address | | | | | | | | City | | | | | | | | Country | | State/Province | | Zip | | | | Your Job Title | | | | | | | | Start Date | | End Date (If you are still currently employed, please add the present date) | | | | | | Ending Salary | |  | | | | | | Supervisor's Name | | Supervisor's Title | | | | | | Job Responsibilities | | | | | | | | Reason For Leaving | | | | | | | | May We Contact? | | Employer Phone Number | | | | | | Name of Employer | | | | | | | Address | | | | | | | City | | | | | | | Country | | | State/Province | | Zip | | Your Job Title | | | | | | | Start Date | | | End Date (If you are still currently employed, please add the present date) | | | | Ending Salary | | |  | | | | Supervisor's Name | | | Supervisor's Title | | | | Job Responsibilities | | | | | | | Reason For Leaving | | | | | | | May We Contact? | | | Employer Phone Number | | | |  | |

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| **ADDITIONAL COMMENTS** |
| *Please comment on how your prior education and experiences qualify you for the position*. |
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| **BACKGROUND INFORMATION**  During the past seven years, have you ever been discharged, suspended or asked to resign from any position? |
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| **PLEASE READ EACH PARAGRAPH CAREFULLY BEFORE SIGNING** |
| I have disclosed all information that is relevant and should be considered applicable to my candidacy for employment.   I agree to sign a Fair Credit Reporting Act authorization allowing APLFF to make any investigation of my personal history including criminal background, motor vehicle records, financial and credit records, credit agencies or bureaus of its choice. This may include information as to my character, general reputation, personal characteristics and mode of living. **Initials** |
| I hereby certify that all of the information provided by me in this application (or any other accompanying documents) is correct, accurate and complete to the best of my knowledge. I understand that the falsification or misrepresentation or omission of any facts in said documents may be cause for denial of employment or result in termination of employment regardless of the timing or circumstances of discovery. **Initials** |
| I understand employment with APLFF is also contingent on my providing sufficient documentation necessary to establish my identity and eligibility to work in the United States.   If employed, I understand that as a condition of employment that I may be required to agree to and sign a non-solicitation, non-disclosure, and/or other similar agreements. I also agree to notify the organization in writing during the pre-employment process of any non-solicitation, non-disclosure, and/or other similar agreements that I may have already signed with current and former employers.   I expressly understand and agree that, if employed, my employment, having no specified term, is based upon mutual consent and may be terminated at-will, with or without cause, by either party (APLFF or me) without prior notice to the other, unless otherwise prohibited by law.   I understand that no representation, whether oral or written, by any representative or agent of APLFF, at any time, can constitute an implied or express contract of employment. I further understand no representative or agent of APLFF has the authority to enter into an agreement for employment for any specified period of time or to make any change in any policy, procedure, benefit or other terms or condition of employment other than in a document signed by an authorized representative.   I understand that the technical processing and transmission of the application, including my personal information, may involve (a) transmissions over various networks, including the transfer of this information to the United States and/or other countries for storage, processing and use by APLFF, its affiliates, and their agents; and (b) changes to conform and adapt to technical requirements of connecting networks and devices. Accordingly, I agree to permit such parties to make such transmissions and changes, and hereby provide the necessary consent for the same.  **Initials** |
| **I certify that all of the above information is true and complete, and I understand that any falsification or omission of information may disqualify me from further consideration for employment or, if hired, may result in termination regardless of the time elapsed before discovery.**   Note: An offer of employment is conditioned upon complying with APLFF's requirements including, but not limited to, signing a consent to conduct a background investigation.   **I AGREE, AND IT IS MY INTENT, TO SIGN THIS EMPLOYMENT APPLICATION BY CHECKING THE "I ACCEPT" BOX BELOW AND BY ELECTRONICALLY SUBMITTING THIS DOCUMENT TO APLFF, I UNDERSTAND THAT MY SIGNING AND SUBMITTING THIS DOCUMENT IN THIS FASHION IS THE LEGAL EQUIVALENT OF HAVING PLACED MY HANDWRITTEN SIGNATURE ON THE SUBMITTED DOCUMENT.** |
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