

Application for Employment

Dorothy Bramlage Public Library

230 West Seventh Street

Junction City, KS 66441

Telephone: 785-238-4311 Fax: 785-238-7873

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.

Position(s) Applied For:		Date of Application	
Last Name		First Name	Middle Name
Street Address		City	State Zip Code
Home Telephone ()	Business or Message Telephone ()	Social Security Number	
Are you prevented from lawful employment in this country because of Visa or Immigration status? Yes or No	Are you over the age of 18? Yes or No If under 19, can you furnish a work permit? Yes or No		
Citizenship/Immigration status proof will be required if hired.	Have you ever been employed by Dorothy Bramlage Public Library before? If yes, give dates:		
Have you been convicted of a felony within the last 7 years? Yes or No If yes, please explain. (Conviction will not necessarily disqualify an applicant from employment.)			
Do you have any relatives currently working for this organization?	Yes	or	No
Are you currently employed?	Yes	or	No
May we contact your present employer?	Yes	or	No
Are you willing to work overtime if required?	Yes	or	No
Can you travel if the job requires it?	Yes	or	No
Do you have a current, valid Kansas driver's license?	Yes	or	No Driver's License # _____
Are you willing to work different shifts if required for the position?	Yes	or	No
Are you available to work:	_____ Full-Time	_____ Part-Time	_____ Shift Work _____ Temporary
On what date would you be available for work?			

Education

Do you have a high school diploma or G.E.D.? Yes or No				
Post-Secondary Educational Institutions	Complete Mailing Address	Academic Major	Dates Attended	Degree or Certificate
Community College, College, University				
Technical or Vocational School				

Licenses, Registration, Certification

Professional Licenses, Registrations, and/or Certifications				
Type	State Issued	Date	No.	Copy Available?

Employment Experience

(List in date order, starting with current or most recent employer.)

Dates Employed	Name and Address of Employer	Pay Rate	Your Title	Supervisor's Name
From: Mo: Yr:				
To: Mo: Yr:				
Description of Duties:				
Reason for Leaving:				

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To: Mo: Yr:				
Description of Duties:				
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From: Mo: Yr:				
To: Mo: Yr:				
Description of Duties:				
Reason for Leaving:				

Additional Experiences and Information

Are there any other experiences, skills, or qualifications which you feel would especially qualify you for work at Dorothy Bramlage Public Library.
(Include military experience, volunteer positions, apprenticeships, and/or specialized training.)

Any hobbies, interests, community, school, or professional activities or achievements you wish to mention:

References

Give name, complete address, and telephone number. Include at least one who is not a previous employer.

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Statement of Health

Have you read and do you understand the requirements of the position as listed on the Job Description?	Yes	or	No
If conditionally offered a position, are you willing to complete a medical history form?	Yes	or	No

I certify that answers given herein are true and complete to the best of my knowledge and that I have withheld nothing which, if disclosed, would affect this application unfavorably.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I authorize my previous employers, schools, credit bureau, etc. to give any information regarding employment, credit, or educational records. I agree that this organization and my previous employers shall not be held liable in any respect if a job offer is not extended, is withdrawn, or my employment is terminated because of false statements, omissions, or answers made by me on this application.

I further understand and agree that my employment is of an "at will" nature. It is for no definite period of time and may, regardless of the date of payment or salary, be terminated for any reason and at any time without previous notice.

I have no objection to working overtime, if required. I understand that if requested to work overtime, a refusal to do so may subject me to disciplinary action, including dismissal.

This application for employment shall be considered for the specific position listed on the front of the application. Subsequent position openings required re-submission of this application. (It is suggested that you make appropriate copies of the completed application.)

In the event of employment, I 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 employer.

Signature of Applicant

Date