



## Bluffton Public Library

# Application For Employment

THIS APPLICATION WILL REMAIN ACTIVE FOR SIX (6) MONTHS UPON SIGNING.

We appreciate your interest in our organization. The Bluffton Public Library is an Equal Employment Opportunity employer. It is the philosophy, intent, and commitment of Bluffton Public Library to adhere to a policy of equal employment opportunities for all applicants and employees without regard to race, color, religion, sex, age, ancestry, national origin, veteran status, mental or physical disability or any other status protected by law.

Position(s) applied for: \_\_\_\_\_

How did you learn about us? \_\_\_\_\_

Complete name:                      (Last)                                      (First)                                      (Middle)

Street address: \_\_\_\_\_

City:                                      State:                                      Zip code: \_\_\_\_\_

E-mail: \_\_\_\_\_

Phone: \_\_\_\_\_

Other names under which you have been previously employed or under which school records may be listed? \_\_\_\_\_

Names of friends or relatives employed at this organization, if any: \_\_\_\_\_

Are you at least 14 years of age?                       Yes                       No

Have you ever filed an application with us before?                       Yes                       No

Have you ever been employed with us before?                       Yes                       No

Are you prevented from lawfully becoming employed in this country because of visa or immigration status?

Yes  No

Do you have any restrictions or obligations that would prevent you from working overtime?

Yes  No

Do you have any restrictions or obligations that would prevent you from working consistently or arriving on time to work?

Yes  No

Are you available to work:

Full Time  Part Time  Shift Work  Temporary

Can you travel if the job requires it?

Yes  No

If yes, are there limitations? Please explain.

Have you ever had any job-related training in the United States military?

Yes  No

If yes, please describe.

Are you able to work evenings and Saturdays?

Yes  No

*Employment experience: Start with your present or last job. Please include any job-related military services assignments and volunteer activities.*

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Job title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Work Performed: \_\_\_\_\_

Dates employed: From: \_\_\_\_\_ To: \_\_\_\_\_ Hourly Rate/Salary: Starting: \_\_\_\_\_ Final: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

May we contact this employer?

Yes  No

Employer: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Job title: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
 Work Performed: \_\_\_\_\_  
 Dates employed: From: \_\_\_\_\_ To: \_\_\_\_\_ Hourly Rate/Salary: Starting: \_\_\_\_\_ Final: \_\_\_\_\_  
 Reason for leaving: \_\_\_\_\_  
 May we contact this employer?  Yes  No

Employer: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Job title: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
 Work Performed: \_\_\_\_\_  
 Dates employed: From: \_\_\_\_\_ To: \_\_\_\_\_ Hourly Rate/Salary: Starting: \_\_\_\_\_ Final: \_\_\_\_\_  
 Reason for leaving: \_\_\_\_\_  
 May we contact this employer?  Yes  No

Employer: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Job title: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
 Work Performed: \_\_\_\_\_  
 Dates employed: From: \_\_\_\_\_ To: \_\_\_\_\_ Hourly Rate/Salary: Starting: \_\_\_\_\_ Final: \_\_\_\_\_  
 Reason for leaving: \_\_\_\_\_  
 May we contact this employer?  Yes  No

***Education***

	High School	College/University	Graduate/Professional
School Name, Address and Phone Number			
Years Completed	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/Degree			
Course of Study			

Do you have any other advanced training, continuing education, special study experience, honors, extracurricular activities or any additional information that you think would be helpful to us in considering your application? Please list:

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Please summarize any special job-related skills and qualifications acquired from employment or other experience.

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***References: Please provide names, and phone numbers, address or e-mail for three references who are qualified to evaluate your capabilities and who are not related to you and also not previous employers.***

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2.

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3.

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### ***Applicant's Statement***

I certify that answers given herein are true and complete to the best of my knowledge. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in withdrawal of an offer of employment, or if subsequent to employment, may result in dismissal.

I understand this employment application is not to be construed as a guarantee of employment. I further understand that, should I become employed, my employment with the organization does not constitute any form of contract, implied or expressed, and such employment may be terminated at will either by myself or my employer upon notice of one party to the other. My continued employment would be dependent on satisfactory performance and the continued need for my services as determined by the organization.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. You may use this authority to check references with former employers I have listed, unless otherwise indicated, as well as the personal references listed.

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Signature of Applicant

Date