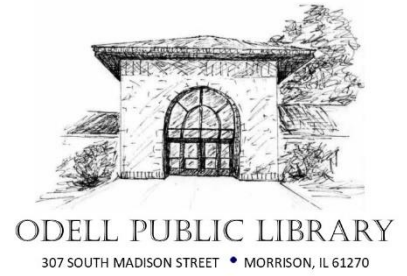


Employment Application

It is the policy of Odell Public Library to ensure equal opportunity for all individuals without regard to race, color, religion, sex, age, national origin, marital/veteran status/disability or any other legally protected status in accordance with the requirements of local, state and federal law.



Personal Information

Application Date:

Full Name:

Street Address:

City:

State:

Zip Code:

Primary Phone:

Email Address:

Background Information

Position applying for:

Date available:

Salary requirements:

Are you at least 18 years of age? Yes No If you answered NO, are you at least 16 years of age? Yes No

Are you legally eligible to work in the United States? Yes No

Will you be able to work evenings? Yes No

Will you be able to work weekends? Yes No

Education

High School Attended:

Number of years completed:

City, State:

Did you graduate? Yes No

GED? Yes No

College/University Attended:

Course of study:

City, State:

Did you graduate? Yes No

Degree received:

Graduate School Attended:

Course of study:

City, State:

Did you graduate? Yes No

Degree received:

Other Qualifications

Please summarize any special qualifications, training (including military or apprenticeship), computer skills, language proficiencies, and/or experience which you feel should be considered in reviewing your application:

Employment History

Are you presently employed? Yes No

If yes, may we contact your current employer? Yes No

List your present or most recent employer first. A resume will not substitute for completion of this portion of the application.

Employer One

Employer: _____ City, State: _____

Telephone: _____ Your title: _____

Supervisor: _____ Supervisor's title: _____

Description of duties: _____

Employed
From (m/y): _____ To (m/y): _____ Hours per week: _____

Reason for leaving: _____

Employer Two

Employer: _____ City, State: _____

Telephone: _____ Your title: _____

Supervisor: _____ Supervisor's title: _____

Description of duties: _____

Employed
From (m/y): _____ To (m/y): _____ Hours per week: _____

Reason for leaving: _____

Employer Three

Employer: _____ City, State: _____

Telephone: _____ Your title: _____

Supervisor: _____ Supervisor's title: _____

Description of duties: _____

Employed
From (m/y): _____ To (m/y): _____ Hours per week: _____

Reason for leaving: _____

Please read the following carefully before agreeing below:

I certify all information submitted by me on this application is true and complete, and I understand if any false information, omissions, or misrepresentation are discovered, my application may be rejected; and if I am employed, my employment may be terminated at any time. Should I become employed, I agree to conform to all rules and regulations of the Odell Public Library. I understand and agree that the terms and conditions of my employment may be changed with or without cause, and with or without notice at any time. Also, I understand my employment will be at will and I have the right to terminate my employment at any time and the Odell Public Library retains the same right.

Do you agree? Yes No

Signature: _____ Date: _____