

EMPLOYMENT APPLICATION

Please print.

NAME:				DATE:
(last)	(first)		(middle)	
ADDRESS:				
(number) (st	reet)	(city)	(state)	(zip)
PHONE:			LIBRA	RY:
EMAIL ADDRESS:				
	nd County District Lib ocial Security Numbe background cl	er as a cond	ition of bein	unity Employer. g hired; both FBI & BCI
Available to work:	full time part tir	ne day	rs even	ings weekends
f hired, what date will	you be available to	start:		
Have you ever been e	mployed by the Libro	ary before?	yes	no
Do you have any relat ncludes Board members: F Terry Burden, and Randy Le	red Yokum, Larry Nartker			no arty, Steve Hunter, Kim Douglas
f yes, please list name:	s:			
Are you legally eligible for Proof of eligibility to work in				
Are you 18 years or older? Hiring is subject to verificati		9		
Are you drawing a pension	from OPERS yes	no		
F 1 1 1 1	1.4.1.1	1 1 1 1 1	D: 1	5 (0 (0) 1

Education/ Training	Name and Address	Last Year Completed	Did you graduate?	Degree/Course of Study
High School		9 10 11 12	□ Yes □ No	
College/Other		1 2 3 4+	☐ Yes ☐ No	

Employment ExperiencePlease list present or most recent employer first.

Name:		Phone:	
Address:		Position:	
Dates Employed From:	To:	Supervisor:	
Reason for leaving:			
Name:		Phone:	
Address:		Position:	
Dates Employed From:	To:	Supervisor:	
Reason for leaving:			
Name:		Phone:	
Address:		Position:	
Dates Employed From:	To:	Supervisor:	
Reason for leaving:			
Additional Achievements, Awar Please identify any additional acad	ds, and Qualificat demic achievement us consider your ap	ts, extracurricular activities, or knowledge and skills plication fully for employment (include a description c	
your recrinological ability).			
than present/former employers:		address of three additional professional references oth	er
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PLEASE READ THE STATEMENT BELOW

I certify that the information contained on this application is correct to the best of my knowledge and understand that any misstatement, omission, falsification or misrepresentation of fact will disqualify me from consideration for employment or, once I am hired, is grounds for dismissal. I understand and acknowledge that any employment relationship is at-will and can be terminated by either party with or without notice, at any time, for any reason or no reason. I further understand that this application is not nor is it intended to be a contact of employment and does not obligate Highland County District Library in any way if they employ me. I authorize the references and employers listed, except as noted, to give you any and all information concerning my previous employment and pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing the same to you. I also understand and authorize that as a part of the employment procedure, investigations and inquires of the information provided be made concerning my character, general reputation, and personal characteristics.

READ CAREFULLY: I agree that any claim or lawsuit relating to any service with the Highland County District Library or any of its branches or subsidiaries must be filed no more than six (6) months after the date of the employment action that is the subject of the claim or lawsuit. I waive any statute of limitations to the contrary. I hereby acknowledge that I have read the above statement and understand.

By submitting this application to the Highland Cou information is correct.	unty District Library, I certify that the above
Signature	Date