

Employment Application

Delaware County District Library

- ✓ Please complete this application by typing or printing in ink. **INCOMPLETE** or **UNSIGNED** applications will not be considered.
- ✓ We are an equal opportunity employer. We do not discriminate against any applicant on the basis of race, color, ethnic origin, national origin, creed, religion, political belief, sex (gender, pregnancy, sexual orientation and gender identity), marital status, age, genetic testing, armed service or veteran status, disabled veteran status, physical disability, or mental disability.

Date _____ Position applied for: _____

What hours are you available to work? _____

Full Time _____ Part Time _____

PERSONAL DATA

Name _____

Present Address _____ City _____ State _____ Zip _____

Phone () - E-Mail Address _____

Are you legally eligible for employment in the United States? Yes No

Are you a Veteran of Military Service Yes No

Have you been convicted of a felony within the last 7 years? Yes No Conviction will not necessarily disqualify an applicant from employment

If yes, please explain _____

EDUCATION

High School Diploma or GED? Yes No Post Secondary Degree? Specify _____

Name of High School _____

Address, City, State & Zip Code _____

Name of School beyond High School _____

Address, City & Zip Code _____

ADDITIONAL INFORMATION THAT COULD HELP YOU QUALIFY FOR THIS POSITION

Volunteer Work, Licenses, Certificates, Special skills, Professional Organizations, Honors, etc.

LIST REFERENCES (preferably persons who know about your work/training)

Name	Address	Phone Number
_____	_____	() -
_____	_____	() -
_____	_____	() -

WORK EXPERIENCE (List most recent work experience first)

Company Name _____ Immediate Supervisor _____

Complete Address _____
Street / P.O. Box *City* *State* *Zip Code*

Job Title _____ Phone () - _____

Job Description (duties, skills, equipment used) _____

May we contact this supervisor? Yes No

Dates: From (mm/yy) ____ / ____ To (mm/yy) ____ / ____ Reason for leaving _____

WORK EXPERIENCE

Company Name _____ Immediate Supervisor _____

Complete Address _____
Street / P.O. Box *City* *State* *Zip Code*

Job Title _____ Phone () - _____

Job Description (duties, skills, equipment used) _____

May we contact this supervisor? Yes No

Dates: From (mm/yy) ____ / ____ To (mm/yy) ____ / ____ Reason for leaving _____

WORK EXPERIENCE

Company Name _____ Immediate Supervisor _____

Complete Address _____
Street / P.O. Box *City* *State* *Zip Code*

Job Title _____ Phone () - _____

Job Description (duties, skills, equipment used) _____

May we contact this supervisor? Yes No

Dates: From (mm/yy) ____ / ____ To (mm/yy) ____ / ____ Reason for leaving _____

Signature: _____ **Date:** _____

The information that you provide on this application is subject to verification. Falsifications or misrepresentations may disqualify you from consideration for employment or, if hired, may be grounds for termination at a later date. Do you want to be informed before we contact your present employer? Yes No

With my signature above (typed or written), I certify that all information on this and all attached pages is true, correct and complete to the best of my knowledge and contains no willful falsifications or misrepresentations. I authorize all former employers to release job-related information they may have about me and I release all persons or companies from any liability or responsibility for providing such information.