

Date: _____



Chesterfield Township Library

Employment Application

The Chesterfield Township Library is an equal opportunity employer and shall consider qualified applicants for all positions without regard to race, color, creed, religion, marital status, age, height, weight, national origin, disability, or any other legally protected status.

Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Business Phone _____

Are you 18 years old or older? Yes No Soc. Sec. # _____

Are you legally eligible for employment in the United States? Yes No
At the time a offer of employment is made, you will be required to produce documents to verify identity and employment eligibility in compliance with the Immigration Reform and Control Act of 1986.

Type of Position Desired

(Job Descriptions are available upon request.)

Shelver
Librarian

Circulation Services Assistant
Other: _____

Full-Time Part-Time Temporary Desired Wage _____

How many hours a week do you hope to work (up to 37 ½)? _____

Have you ever applied for employment with us? Yes No
If yes: Month and Year _____

Date available to start: _____ Do you currently have a job? Yes No

Are there any hours or days of the week you cannot work? _____
If so, when? _____

Education

	Name and Address of School	No. of Years Attended	Did You Graduate?	Subject/Major
High School				

Colleges or Universities:

Name _____
Location _____
Course of Study _____
Degrees Received _____

Name _____
Location _____
Course of Study _____
Degrees Received _____

Professional, Business, Trade or Other Training

Name _____
 Location _____
 Course _____
 Degrees Received _____

Name _____
 Location _____
 Course _____
 Degrees Received _____

Please provide any additional information such as special skills, training, management experience; equipment operation or qualifications you feel will be helpful to us in considering your application: _____

Do you have US Military experience? _____ Date Entered: _____

Branch: _____ Rank: _____

Date Discharged: _____ Honorably? Yes No

Have you ever been convicted of a felony? Yes No

If so, please state citation, date and place where offense occurred. _____

Are there any felony charges pending against you? Yes No

If "yes" please explain: _____

REFERENCES: Three individuals not related to you, whom you have known for at least one year:

Name	Address and Telephone	Relationship	Years Acquainted

Please provide the name, address and phone number of a person to be notified in case of accident or emergency. _____

Employment Record

Beginning with your present or last employment, including experience in Military Service, list and describe positions that you have filled. If you have held two or more positions with the same employer at different levels of responsibility or with different duties, list and describe each position separately.

EMPLOYER: (Firm, Organization or Person):

Name _____

Street Address _____

City and State _____

Telephone _____

Kind of Business _____

Name and Title of Immediate Supervisor:

DATES OF EMPLOYMENT:

From: _____

To: _____

Full-Time Part-Time No. Hrs. _____

EXACT TITLE OF POSITION:

SALARY OR EARNINGS:

Starting: \$ _____ Per _____

Final: \$ _____ Per _____

Description of your work or duties performed _____

Reason for leaving _____

Name employed under (if different from name on first line of application) _____

Do we have your permission to contact this employer? Yes No

EMPLOYER: (Firm, Organization or Person):

Name _____

Street Address _____

City and State _____

Telephone _____

Kind of Business _____

Name and Title of Immediate Supervisor: _____

DATES OF EMPLOYMENT:

From: _____

To: _____

Full-Time Part-Time No. Hrs. _____

EXACT TITLE OF POSITION:

SALARY OR EARNINGS:

Starting: \$ _____ Per _____

Final: \$ _____ Per _____

Description of your work or duties performed _____

Reason for leaving _____

Name employed under (if different from name on first line of application) _____

Do we have your permission to contact this employer? Yes No

EMPLOYER: (Firm, Organization or Person):

Name _____

Street Address _____

City and State _____

Telephone _____

Kind of Business _____

Name and Title of Immediate Supervisor:

DATES OF EMPLOYMENT:

From: _____

To: _____

Full-Time Part-Time No. Hrs. _____

EXACT TITLE OF POSITION:

SALARY OR EARNINGS:

Starting: \$ _____ Per _____

Final: \$ _____ Per _____

Description of your work or duties performed _____

Reason for leaving _____

Name employed under (if different from name on first line of application) _____

Do we have your permission to contact this employer? Yes No

EMPLOYER: (Firm, Organization or Person):

Name _____

Street Address _____

City and State _____

Telephone _____

Kind of Business _____

Name and Title of Immediate Supervisor: _____

DATES OF EMPLOYMENT:

From: _____

To: _____

Full-Time Part-Time No. Hrs. _____

EXACT TITLE OF POSITION:

SALARY OR EARNINGS:

Starting: \$ _____ Per _____

Final: \$ _____ Per _____

Description of your work or duties performed _____

Reason for leaving _____

Name employed under (if different from name on first line of application) _____

Do we have your permission to contact this employer? Yes No

Authorization and Understanding

Upon signing of this application, I represent that all of the information now or hereafter given by me in support of my application for employment is true and complete. Any misrepresentation or deliberate omission of a fact in my application may be justification for refusal of (or, if employed, termination from) employment.

I authorize investigation of all statements contained in this application for any employment-related purpose. I release the listed references and all employers, except those specifically excepted,* to provide you with any and all applicable information they may have. I hereby release these references and former employers from all liability for any information they may give to the Library. If hired, I agree that I shall be bound by the rules, policies, regulations and terms and conditions of employment.

I understand that this is an application for employment and no employment contract is being offered by the Chesterfield Township Library.

At the time an offer is made I will be required to take a physical exam and drug screen test. I authorize any physician or medical facility to release any information which may be necessary to determine my ability to perform the essential functions of a job I am being considered for prior to employment or in the future during employment with the Chesterfield Township Library. I agree to reimburse the Chesterfield Township Library for the cost of my physical exam and drug screen test if I am employed for less than 90 days which can be deducted from my pay.

I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated with or without cause, at any time, with or without notice. This provision supersedes any oral or written representation to the contrary unless in writing and signed by both the Director of the Library and the person to whom the writing is directed.

This application for employment shall be considered active for a period of time not to exceed one (1) year. At the conclusion of this time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary for me to fill out a new application.

I have read and understand this application in its entirety.

Signature of applicant _____

Date _____

*Employers specifically excepted _____