

## References

List three references who are not related to you.

Name	Address	Phone

## Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. This application for employment shall be considered active for a period of time not to exceed 45 days. (Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.)

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Employer.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

### FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview  Yes  No

Employed  Yes  No

Date of Employment \_\_\_\_\_

Job Title \_\_\_\_\_

Hourly Rate/Salary \_\_\_\_\_

Department \_\_\_\_\_

By \_\_\_\_\_

Name and Title

Notes \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# Application for Employment

Drake Community Library  
City of Grinnell  
927 4th Avenue  
Grinnell, Iowa 50112

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job related medical condition, disability or any other legally protected status.

(PLEASE PRINT)

Position(s) applied for: _____	Date of application: _____
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Last name	First name	Middle name	
Address	City	State	Zip code
Telephone (home)	Telephone (cell)	Email address	

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

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

If Yes, give date \_\_\_\_\_

Have you ever been employed with us before? Yes No

If Yes, give date \_\_\_\_\_

Are you currently employed? Yes No

May we contact your present employer? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or immigration status? Yes No

(Proof of citizenship or immigration status will be required upon employment)

Are you currently on "lay-off" status and subject to recall? 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 \_\_\_\_\_

On what date would you be available for work? \_\_\_\_\_

Are you available to work  Full Time  Part Time  Shift Work  Temporary

# Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disability, or other protected status.

Employer		Dates Employed			
Address		Starting Salary		Ending Salary	
Telephone		Work Performed			
Job Title	Supervisor				
Reason for leaving					
Employer		Dates Employed			
Address		Starting Salary		Ending Salary	
Telephone		Work Performed			
Job Title	Supervisor				
Reason for leaving					
Employer		Dates Employed			
Address		Starting Salary		Ending Salary	
Telephone		Work Performed			
Job Title	Supervisor				
Reason for leaving					
Employer		Dates Employed			
Address		Starting Salary		Ending Salary	
Telephone		Work Performed			
Job Title	Supervisor				
Reason for leaving					

If you need additional space, please continue on a separate piece of paper.

List any specific skills, experience, education, and other job-related requirements you may have. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# Education

	Elementary School					High School				Undergraduate College/University				Graduate/Professional			
School Name and Location																	
Years Completed	4	5	6	7	8	1	2	3	4	1	2	3	4	1	2	3	4
Diploma/Degree																	
Describe Course of Study																	
Describe any specialized training, apprenticeship, skills and extra-curricular activities.																	
Describe any honors you have received.																	
State any additional information you feel may be helpful to us in considering your application.																	

**List professional, trade, business, military, or civic activities and offices held.**  
 You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, disability or other protected status.

\_\_\_\_\_

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\_\_\_\_\_

# Job Description

Have you received a copy of the job description for the position for which you are applying? Yes No

Are you able to perform the essential functions of the job, as described by the job description? Yes No

**WE ARE AN EQUAL OPPORTUNITY EMPLOYER**