

# 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 on the basis of race, religion, color, sex, age, national origin, marital status, or 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 \_\_\_\_\_

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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.