

Application for Employment

PLEASE TYPE OR PRINT. Complete the entire application. You may attach a resume, but you must still complete all questions; or your application will be deemed incomplete and may not be considered. Please fill out each box (don't just indicate "See Resume.") Applications with missing or invalid information will not be considered for any position.

APPLICANT INFORMATION										
Last Name					First			M.I.	Date Apply	
Street Address							Apartment/Unit #			
City					State			ZIP		
Phone					E-mail Address					
Date Available				Social Security No.				Desired Salary		
Times Available				Position Applied for						
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?				YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?							
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain							
EDUCATION										
High School					Address					
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree			
College					Address					
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree			
Other					Address					
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree			
REFERENCES										
<i>Please list three references not related to you, whom you have known at least one year.</i>										
Full Name					Relationship					
Company					Phone	()				
Full Name					Relationship					
Company					Phone	()				
Full Name					Relationship					
Company					Phone	()				
SPECIAL SKILLS, ACTIVITIES, ON-THE JOB EXPERIENCE, LIBRARY EXPERIENCE, CO-OP, ETC.										
EXCLUDE ORGANIZATIONS, THE NAME OF WHICH INDICATES THE RACE, CREED, SEX, MARITAL STATUS, COLOR OR NATION OF ITS MEMBERS.										

PREVIOUS EMPLOYMENT									
Company			Phone		()				
Address			Supervisor						
Job Title		Starting Salary		\$		Ending Salary		\$	
Responsibilities									
From		To		Reason for Leaving					
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>				
Company			Phone		()				
Address			Supervisor						
Job Title		Starting Salary		\$		Ending Salary		\$	
Responsibilities									
From		To		Reason for Leaving					
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>				
Company			Phone		()				
Address			Supervisor						
Job Title		Starting Salary		\$		Ending Salary		\$	
Responsibilities									
From		To		Reason for Leaving					
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>				

DISCLAIMER AND SIGNATURE

PLEASE READ CAREFULLY AND SIGN THAT YOU UNDERSTAND AND ACCEPT THIS INFORMATION.
 I certify that the information on this application and its supporting documents is accurate and complete. I understand and agree that failure to fully complete the form, or misrepresentation or omission of facts, represents grounds for elimination from consideration for employment, or termination after employment if discovered at a later date. I understand that this document is NOT an offer of employment, and that an offer of employment, if tendered, does NOT constitute a contract for continued guaranteed employment. I understand that staff employees of Elizabeth Jones Library serve at-will.
 If employed, I will be required to furnish proof of eligibility to work in the United States (Form I-9), to fill out a MS Employee's Withholding Exemption Certificate (Form 89-350-10), to fill out a Federal Employee's Withholding Allowance Certificate (Form W-4) and, and to comply with company and departmental regulations (Handbook). I understand that if employed on a temporary/part-time basis (less than 80 hours monthly), I would be paid for hours worked only, and would not be ineligible for benefits including paid time off. If employed on a regular, benefits-eligible basis, I understand that I would be required to make mandatory contributions to the Elizabeth Jones Library Retirement System (PERS). I understand that any benefits I receive may be subject to change or discontinuation at any time without prior notice. I understand that the first THREE MONTHS of regular employment represent a provisional period.

Signature

Date