Chelsea District Library Application for Employment

Social Securit	ty #	Date:				
Name:			(/ B A')			
		(Last / Fir	rst / Middle)			
Address:		(No Stroot / C	City / State / Zip)			
		(No. Street / C	oity / State / Zip)			
Telephone: (_		Er	mail Address:			
Are you 18 ye	ears of age or older?	Yes No Ha	ve you applied h	ere befor	e?	When?
Are you legall	y eligible for employn	nent in the United St	tates? Yes _	_No		
•	en convicted of any cr ch have not been ann	•	•	•		
EDUCATION						_ ,
Туре	Name/Location		Course of Study Years Degree/ Attended Diploma			
High School			_xxxxxx_			
College						
Graduate School						
Technical or Other						
EMPLOYMEN	NT RECORD (list las	t three employers)				
Company Na	me/address	Kind of Work	Date: From/To	Rate of Pay	Reasor	n for Leaving
1			_		.	
2			_		.	
3.		I	J I		ı	

U.S. MILITARY SERVICE

Branch of Service	
From to	
Rank and Type of Service	
Training/Experience Received	
REFERENCES (Employment related- do not included Name/ Affiliation/Phone/E-mail	de relatives)
1	
2	
3	
<u>EMPLOYMENT</u>	
For what posted position are you applying?	
Did you receive a job description?	Salary Desired
When are you available to begin work?	
Are you available full-time? If not, what hours ar	re you available?
Do you have any relatives who are employed by this	organization?YesNo
Please Specify :	
Can you perform the essential duties of the job in whi accommodation?YesNo	ch you wish to be employed, with or without
Is there any information we would need about your nayour work record?Yes No	ame, or use of another name, for us to be able to check
Please Specify :	
such as licenses, professional memberships, hobbies	our ability to perform the job for which you have applied s, etc.
	

APPLICANT'S STATEMENT

I understand that the employer follows an "employment at will" policy, in that I or the employer may terminate my employment at any time, or for any reason consistent with applicable state or federal law; this "employment at will" policy cannot be changed verbally or in writing, unless the change is specifically authorized in writing by the library director. I understand that this application is not a contract of employment. I understand that federal law prohibits the employment of unauthorized aliens; all persons hired must submit satisfactory proof of employment authorization and identity; failure to submit such proof will result in denial of employment.

I understand this application will be active for a period of six months; after that time, if I wish to be considered for employment, I must submit a new application.

I understand that the employer will thoroughly investigate my work and personal history and verify all data given on this application, on related papers, and in interviews. I authorize all individuals, schools, and firms named therein, except my current employer if so noted, to provide any information requested about me, and I release them from all liability for damage in providing this information.

I certify that all the statements herein are true and understand that any falsification or willful omission shall be sufficient cause for dismissal or refusal of employment.

Your Signature:	Date:	
Library Use Only:		
Interviewed by	Date	
References checked by	Date	
Supervisor to answer:		
Recommendation to hire? Y/N		
Recommended start date		
Recommended starting salary		
Position title		
Supervisor signature	Date	
Authorization to hire	 Date	

2/12/03