

Please print in ink or use typewriter

Number of attachments _____

An Equal Opportunity Employer
LONESOME PINE REGIONAL LIBRARY
Application for Employment



Employees of the Lonesome Pine Regional Library and applicants for employment shall be afforded equal opportunity in all aspects of employment without regard to race, color, religion, political affiliation, national origin, handicap, sex, or age.

- 1. Position Applied For
2. Library Branch
3. Social Security No.
4. Full Legal Name
5. Address
6. Home Phone
7. Other Phone
8. E-mail Address

9. EDUCATION

- a. Highest grade completed
b. If you did not complete high school, do you have a high school equivalency diploma?
c. Number of years of post high school education

Table with 6 columns: Name and Location of Institution, Hours, Degree Received, Major or Specialty, Minor, Dates Attended. Rows 1, 2, 3.

d. If you expect to complete an educational program in the near future, please indicate what type of degree or program and expected completion date:

10. EXPERIENCE - Use Supplementary Experience Form(s) for additional space. Starting with the most recent, describe ALL paid, military, and applicable voluntary experience.

a. Job Title, Duties, Employer, Address, Phone, Type of Business, Immediate Supervisor, Title of Supervisor, Salary, Dates, Full-time/Part-time, Hours/Week, Number of employees you supervised, Equipment used, Reason for Leaving, Your name if different from present

b. Job Title, Duties, Employer, Address, Phone, Type of Business, Immediate Supervisor, Title of Supervisor, Salary, Dates, Full-time/Part-time, Hours/Week, Number of employees you supervised, Equipment used, Reason for Leaving, Your name if different from present

<p>c. Job Title _____</p> <p>Employer _____</p> <p>Address _____</p> <p>_____</p> <p>Phone _____</p> <p>Type of Business _____</p> <p>Immediate Supervisor _____</p> <p>Title of Supervisor _____</p> <p>Salary (start) _____ (finish) _____</p> <p>Dates (mo/yr) _____ to (mo/yr) _____</p> <p>Full-time _____ Part-time _____ Hours/Week _____</p>	<p>Duties _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Number of employees you supervised _____</p> <p>Equipment used _____</p> <p>Reason for Leaving _____</p> <p>Your name if different from present _____</p>
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d. Use this space for any additional information you think would help us evaluate your application, including training, seminars, workshops, and special achievements or specialized skills: _____

e. Automated word processing (specify equipment) _____
 Typing speed _____ words per minute.

f. License (to include driver's), certificate and/or other authorization to practice a trade or profession.

Type	License Number	Granted by (licensing board)
1. _____	_____	_____
2. _____	_____	_____

11. **NEPOTISM** – Are you related to or live in the same household as any employee of Lonesome Pine Regional Library (all locations) or are you a relative of any member of the Library Board of Trustees? Yes No

12. **REFERENCES** – List names, addresses, and relationships of three persons not related to you who know your qualifications:

Name	Address	Phone	Relationship
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

13. **MISCELLANEOUS**
- a. Check which shift you will accept: Day Evening Weekends
 - b. Check which job status you will accept: Full-time Part-time (specify) _____
 - c. Check which employment status you will accept:
 Salaried (benefits) Hourly (No benefits) Part-time Salaried (leave benefits only)
 - d. Are you willing to accept employment which requires you to travel? No Yes
 If yes: During the Day Only Occasionally Overnight Frequently Overnight
 - e. List the geographic locations in which you are willing to work. (Wise, Dickenson, Lee, or Scott County) If anywhere, write all. _____
 - f. Are you willing to provide your own transportation if necessary for your employment? Yes No
 - g. For purposes of compliance with The Immigration Reform and Control Act, are you legally eligible for employment in the United States? Yes No Under the Immigration Reform and Control Act of 1986, you will be required to fill out a certification verifying that you are eligible to be employed and verifying your identity. Further, you will be required to provide documentation to that effect should you be employed.

14. When will you be available to start work? (No date is necessary if you are available as soon as you give two (2) weeks notice.)
 _____ Month _____ Day _____ Year 2 Weeks Notice

15. **CERTIFICATION** – Each Application Requires Current Date and Original Signature.
 I hereby certify that all entries on all pages and attachments are true and complete, and I agree and understand that any falsification of information herein, regardless of time of discovery, may cause forfeiture on my part of any employment in the service of the Lonesome Pine Regional Library. I understand that all information on this application is subject to verification and I consent to criminal history background checks. I also consent that you may contact references, former employers, and educational institutions listed regarding this application. I further authorize Lonesome Pine Regional Library to rely upon and use, as it sees fit, any information received from such contacts.

Date _____ Applicant Signature _____

LONESOME PINE REGIONAL LIBRARY

Pursuant to federal regulations, we collect responses to the questions below for record keeping purposes. This information will NOT be kept with your application for employment. Federal law prohibits unlawful discrimination on the basis of race, color, sex, age, national origin, religion, or disability.

Check the block for the racial or ethnic group which you identify:

- White (includes Arabian)
- Black (includes Jamaican, Bahamians and other Caribbeans of African but not Hispanic or Arabian descent)
- Hispanic (includes persons of Mexican, Puerto Rican, Central or South American or other Spanish origin or culture)
- Asian & Asian American (includes Pakistanis, Indians and Pacific Islanders)
- American Indians (Includes Alaskans)

Check the block for the highest level of education you have completed (check only one):

- Less than 8th grade
- Completed 8th grade
- Attended high school
- High school graduate or equivalent
- Attended college and/or associate degree
- College graduate
- Attended graduate school
- Master's degree
- Graduate study beyond master's requirements
- Ph.D. or professional degree

Check the appropriate block:

- Female
- Male

Please indicate date of birth ____/____/____

Supplementary Experience Form (Optional)

Job Title _____
Employer _____
Address _____

Phone _____
Type of Business _____
Immediate Supervisor _____
Title of Supervisor _____
Salary (start) _____ (finish) _____
Dates (mo/yr) _____ to (mo/yr) _____
Full-time _____ Part-time _____ Hours/Week _____

Duties _____

Number of employees you supervised _____
Equipment used _____
Reason for Leaving _____
Your name if different from present _____

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Employer _____
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