**APPLICATION FOR EMPLOYMENT**

*Incomplete information could disqualify you from further consideration. Please complete all fields.*

Position Desired \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Available \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Wage Desired \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PERSONAL INFORMATION**

Full Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First MI Last

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address Apartment/Unit #

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City State Zip Code

Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­\_\_\_\_\_ E-mail Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EMPLOYMENT INFORMATION**

Are you authorized to work in the United States? \_\_\_\_ Yes \_\_\_\_ No

Will you now, or at any point in the future, require sponsorship? \_\_\_\_ Yes \_\_\_\_ No

Are you at least 18 years or older? \_\_\_\_ Yes \_\_\_\_ No (If no, an authorization to work may be required)

Have you ever been terminated or asked to resign by an employer? \_\_\_\_ Yes \_\_\_\_ No

If yes, please provide company name(s) and details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please fill out hours of availability below:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
|  |  |  |  |  |  |  |

With or without reasonable accommodation, are you able to perform the essential functions of the job for which you are applying? \_\_\_\_ Yes \_\_\_\_ No

Have you ever worked for Patmos Library before? \_\_\_\_ Yes \_\_\_\_ No

If yes, please provide position(s) and date(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| **EDUCATION** | **Name** | **Location** | **Degree** |
| High School |  |  |  |
| College or University |  |  |  |
| Other |  |  |  |

**EMPLOYMENT HISTORY**

|  |  |  |  |
| --- | --- | --- | --- |
| From | To | Company | Phone |
| Job Title | | Address | |
| Supervisor Name | | Responsibilities | |
| Supervisor Title | | Reason for leaving | |
|  | | | |
| From | To | Company | Phone |
| Job Title | | Address | |
| Supervisor Name | | Responsibilities | |
| Supervisor Title | | Reason for leaving | |
|  | | | |
| From | To | Company | Phone |
| Job Title | | Address | |
| Supervisor Name | | Responsibilities | |
| Supervisor Title | | Reason for leaving | |

**PROFESSIONAL REFERENCES**

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Title | Relationship | Phone |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

I understand that neither the completion of this application, nor any other part of my consideration for employment, establishes any obligation for Patmos Library to hire me. If I am hired, I understand that either Patmos Library or I can terminate my employment at any time, and for any reason, with or without cause, and without prior notice. I understand that no representative of Patmos Library has the authority to make any assurance to the contrary.

I authorize Patmos Library to contact references provided for employment reference checks and understand that a background check may be conducted as part of the hiring process.

I attest with my signature below that I have provided true and complete information on this application. No requested information has been concealed. If any information I have provided is untrue, or if I have concealed material information, I understand that this will constitute cause for the denial of employment or immediate dismissal.

Date  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_