



Eagle Valley Library District Application for Employment

Full-time Part-time Substitute

EVLD is an equal opportunity employer. All applicants will be considered without regard to race, religion, color, gender, national origin, age or disability, sexual orientation or any other applicable status protected by federal, state or local law.

IMPORTANT: This application **must be filled out completely**, even if you have supplied a resume. Please print legibly.

DATE: _____ POSITION APPLIED FOR: _____ PHONE: _____

NAME: _____
Last First Middle

MAILING ADDRESS _____ City State Zip

STREET ADDRESS _____ City State Zip

DATE YOU CAN START: _____ ARE YOU 18 YEARS OF AGE OR OLDER? YES NO

ARE YOU EMPLOYED NOW? YES NO IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? YES NO

HAVE YOU EVER APPLIED HERE BEFORE? YES NO WHEN? _____

WERE YOU EVER EMPLOYED HERE? YES NO WHEN? _____

STATE NAME AND RELATIONSHIP OF ANY RELATIVES WORKING FOR EVLD: _____

IF OFFERED EMPLOYMENT, CAN YOU SUBMIT VERIFICATION OF YOUR LEGAL RIGHT TO WORK IN THE UNITED STATES? YES NO

WHAT SKILLS OR ADDITIONAL TRAINING DO YOU HAVE THAT RELATE TO THE JOB FOR WHICH YOU ARE APPLYING? _____

WHAT EQUIPMENT CAN YOU OPERATE THAT IS RELATED TO THE JOB FOR WHICH YOU ARE APPLYING? _____

ARE YOU BILINGUAL? YES NO IF SO, WHAT LANGUAGE(S) DO YOU SPEAK? _____

DO YOU HAVE A JOB DESCRIPTION OR HAVE YOU HAD THE REQUIREMENTS OF THE JOB EXPLAINED TO YOU? YES NO

DO YOU UNDERSTAND THESE REQUIREMENTS? YES NO

LIST NAME AND ADDRESS OF SCHOOLS ATTENDED:

HIGH SCHOOL DIPLOMA GED _____

COLLEGE OR UNIVERSITY _____ NUMBER OF YEARS COMPLETED _____ DEGREE _____

COLLEGE MAJOR (AND MINOR IF APPLICABLE) _____

Continued on reverse

ADDITIONAL EDUCATIONAL OR VOCATIONAL TRAINING _____

HAVE YOU EVER WORKED OR ATTENDED SCHOOL UNDER ANOTHER NAME? YES NO

IF YES, GIVE NAMES _____

RECORD OF EMPLOYMENT: FILL IN COMPLETELY, BEGINNING WITH PRESENT OR LAST POSITION. **DO NOT WRITE "SEE RESUME."**

NAME OF EMPLOYER	JOB TITLE AND DUTIES
ADDRESS	
CITY, STATE, ZIP	DATES OF EMPLOYMENT FROM: _____ TO: _____
SUPERVISOR'S NAME	PAY START: \$ _____ FINAL: \$ _____
TELEPHONE NUMBER OF SUPERVISOR	REASON FOR LEAVING

NAME OF EMPLOYER	JOB TITLE AND DUTIES
ADDRESS	
CITY, STATE, ZIP	DATES OF EMPLOYMENT FROM: _____ TO: _____
SUPERVISOR'S NAME	PAY START: \$ _____ FINAL: \$ _____
TELEPHONE NUMBER OF SUPERVISOR	REASON FOR LEAVING

NAME OF EMPLOYER	JOB TITLE AND DUTIES
ADDRESS	
CITY, STATE, ZIP	DATES OF EMPLOYMENT FROM: _____ TO: _____
SUPERVISOR'S NAME	PAY START: \$ _____ FINAL: \$ _____
TELEPHONE NUMBER OF SUPERVISOR	REASON FOR LEAVING

REFERENCES: PROVIDE 3 REFERENCES, NOT RELATIVES OR FORMER EMPLOYERS

NAME	ADDRESS	PHONE
NAME	ADDRESS	PHONE
NAME	ADDRESS	PHONE

PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING

I certify that all information provided in the employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may justify my dismissal if discovered at a later date.

I authorize the investigation of any or all statements contained in this application to provide information and opinions that may be useful in making a hiring decision.

I understand that this application or subsequent employment does not create a contract of employment or guarantee employment for any definite period of time. If employed, I understand that I have been hired at the will of the Eagle Valley Library District and my employment may be terminated at any time, with or without cause and with or without notice.

I have read, understand, and by my signature consent to these statements.

SIGNATURE _____ **DATE** _____