

# APPLICATION FOR EMPLOYMENT

JOPLIN PUBLIC LIBRARY  Joplin Public Library

**Position available:**

Applicants are considered for all positions without regard to race, color, religion, creed, gender, national origin, disability, marital status or veteran status. If you need assistance or reasonable accommodation during the application process call (417) 623-7953.

If you are selected to participate in the interview process, you will be contacted. Please do not call to inquire.

<b>PERSONAL</b>	Last name	First	Middle	Date
	Street address			Home phone ( )
	City, State, Zip			Business phone ( )
	Have you ever applied for employment with us? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: Month and year _____ Position _____			Cell phone ( )
	Position desired			Other phone ( )
	How did you find out about this job opening?			E-mail address
	Are you legally eligible for employment in the United States <input type="checkbox"/> Yes <input type="checkbox"/> No			Pay expected
	Do you have relative(s) working for the Library or on the Library Board ? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list name and relationship _____			

<b>EDUCATION</b>	School	Name and location of school	Course of Study	Number of years completed	Did you graduate?	Degree or diploma
	High School				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Business/ Trade/ Technical				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	College				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Graduate Level				<input type="checkbox"/> Yes <input type="checkbox"/> No	

<b>AVAILABILITY</b>	Do you prefer part-time or full-time work? <input type="checkbox"/> Part-time <input type="checkbox"/> Full-time Number of hours desired per week _____							
	Will you work overtime if asked? <input type="checkbox"/> Yes <input type="checkbox"/> No							
	When will you be able to begin work? _____							
	Total hours available per week: _____							
	Hours available each day:							
	S	M	T	W	T	F	S	
FROM								
TO								

**EMPLOYMENT** Please give accurate, complete full-time and part-time employment records. Start with your present or most recent employer. **NOTE:** Your application will not be considered unless every question about each employer that you list is answered. A resume may be attached but will NOT be accepted in lieu of completing the questions in this section.

<b>1</b>	Company name	Telephone (    )
	Address	Employed (State month and year) From                  To
	Name of supervisor	Hourly pay Start                  Last
	State job title and describe your work _____	Reason for leaving

<b>2</b>	Company name	Telephone (    )
	Address	Employed (State month and year) From                  To
	Name of supervisor	Hourly pay Start                  Last
	State job title and describe your work _____	Reason for leaving

<b>3</b>	Company name	Telephone (    )
	Address	Employed (State month and year) From                  To
	Name of supervisor	Hourly pay Start                  Last
	State job title and describe your work _____	Reason for leaving

We may contact the employers listed above unless you indicated those you do not want us to contact.	<b>DO NOT CONTACT</b>
Employer number(s) _____ Reason _____ _____	

<b>OTHER</b>	In this space, detail any additional information that you deem relevant to the position for which you are applying.
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Name

LAST

FIRST

MIDDLE

Date

Address

STREET

CITY

STATE

ZIP

Phone

PRIMARY

# SKILLS

Check all the boxes that apply to your current skills.

Circle proficiency:	Use daily	Use occasionally	Have not used	List other skills/qualifications:
Keyboarding	1	2	3	_____
Microsoft Applications:				_____
Windows	1	2	3	_____
Word	1	2	3	_____
Excel	1	2	3	_____
Powerpoint	1	2	3	_____
Publisher	1	2	3	_____
E-mail	1	2	3	_____
Data Entry	1	2	3	_____
Internet Search Engines	1	2	3	_____
Other _____	1	2	3	_____
Other _____	1	2	3	_____
	1	2	3	_____

## Membership in professional or civic organizations

(Exclude those which may disclose your race, color, disability, religion or national origin)

## MILITARY

Did you serve in the U.S. Armed Forces?    Yes    No  
If yes, in what Branch?

Describe any training received relevant to the position for which you are applying.

## SECURITY

Have you used any names other than previously stated?     Yes     No

If yes, list them.

Have you been convicted of or served time for a felony in the past seven years?     Yes     No

If yes, describe below. (This information will be reviewed for job relatedness and time since last conviction.)

WHEN	CITY/STATE	CHARGE
1.		
2.		

**Do not include family members or friends if possible.  
List only references who have knowledge of your work habits and skills.**

Name _____	Phone _____
	<small>HOME BUSINESS</small>
Relationship _____	Title _____
Name _____	Phone _____
	<small>HOME BUSINESS</small>
Relationship _____	Title _____
Name _____	Phone _____
	<small>HOME BUSINESS</small>
Relationship _____	Title _____

Have you read and understood a listing of the essential functions for this job? Yes No  
 Are you capable of performing the essential functions involved in this job or occupation, with or without reasonable accommodation? Yes No

**PLEASE READ CAREFULLY AND SIGN**

I certify that the above statements are correct. I understand that any false information (or omissions) in this application, or its supporting documents, will be sufficient grounds for refusal to hire or termination without notice. I understand that the Joplin Public Library has the right to review my education, previous employment, social media platforms, and other resources that provide background information in order to arrive at an employment decision. I hereby understand that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge the Employee at any time with or without cause.

If the Library decides to engage an investigative consumer reporting agency to perform customary reference checks, I authorize the Library to do so. I release my former employers and the Joplin Public Library from any liability incurred from information obtained.

\_\_\_\_\_ Date \_\_\_\_\_  
 Applicant's Signature

**For Employer's use only**

Employer	Person Contacted	Results
1		
2		
3		
4		

**NOTICE OF NONDISCRIMINATION—Joplin Public Library does not discriminate on the basis of race, color, religion, national origin, ancestry, sex, age, disability, status as a disabled veteran or other protected status. Our organization highly values diversity.**