

**APPLICATION FOR EMPLOYMENT**

**DATE** \_\_\_\_\_

**INSTRUCTIONS: PLEASE READ CAREFULLY**

All requested information must be furnished. Fill in all spaces accurately and completely. If an item does not apply to you, or if there is no information to be given, write in the letters "NA" for "not applicable." All information contained in the application is subject to verification. Any omissions or erroneous statements may be cause for rejection of this application, removal from eligibility, or discharge from the library.

**WE ARE AN EQUAL OPPORTUNITY EMPLOYER.** Manhattan Public Library is committed to the policy of equal employment opportunity in recruitment, hiring, career advancement, and all other personnel practices. Your job-related experience and other qualifications will be considered without discrimination on grounds of race, color, religion, sex, national origin, age, disability, or any legally protected status. All information provided in this application will be treated confidentially, and if you are employed, will be used only to help assure the best use of your abilities. This application pertains only to the position specified. If you wish to be considered for other positions, you must use a separate application.

**PLEASE PRINT**

Name _____				
Last	First	Middle		
Address _____				
Street	City	State	Zip	
Telephone Number _____		Cell Number _____		
(area code) (number)		(area code) (number)		
Email address _____				
Position applying for _____			Full time ____ Part time ____	

1. Have you ever been employed by Manhattan Public Library? Yes \_\_\_\_ No \_\_\_\_
  2. If yes, note department, position and last date of employment. \_\_\_\_\_
  3. Please give names of any relatives employed by Manhattan Public Library. \_\_\_\_\_
  4. Are you 18 years of age or older? Yes \_\_\_\_ No \_\_\_\_
  5. Date available to start \_\_\_\_\_
- Answer the following question only if the position for which you are applying requires driving.*
6. Do you have a valid driver's license? Yes \_\_\_\_ No \_\_\_\_ State \_\_\_\_ License Number \_\_\_\_\_ Type \_\_\_\_\_
  7. If hired, can you furnish proof that you are legally entitled to work in the U.S.? Yes \_\_\_\_ No \_\_\_\_  
*Proof of citizenship or immigration status will be required upon employment*
  8. Have you ever pled "guilty" or "no contest" to, or been convicted of a crime? Yes \_\_\_\_ No \_\_\_\_  
If YES, please provide dates and details. \_\_\_\_\_

**EDUCATION**

	Name and Locations of Schools Attended	Did you graduate? (Answer yes or no)	Course of Study or Major	Type of Certification or Degree
High School				
College/University				
Graduate School				
Business/Trade School or other				

Please describe the qualities you have that make you suitable for this job. Include education, experience, and skills. Refer specifically to the job description. You may write more on an additional page or include a resume or other documents.

**WRITE HOURS YOU ARE AVAILABLE TO WORK IN DAYS INDICATED:**

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

**EXPERIENCE**

Beginning with your present (or immediate past job), list your most recent employers. Attach an additional sheet if necessary.

Company/Employer Name and Type of Business \_\_\_\_\_ Employment Dates: \_\_\_\_\_

Address and Phone \_\_\_\_\_

J Job Title \_\_\_\_\_ Duties \_\_\_\_\_

Name of Supervisor \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

Company/Employer Name and Type of Business \_\_\_\_\_ Employment Dates: \_\_\_\_\_

Address and Phone \_\_\_\_\_

Job Title \_\_\_\_\_ Duties \_\_\_\_\_

Name of Supervisor \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

Company/Employer Name and Type of Business \_\_\_\_\_ Employment Dates: \_\_\_\_\_

Address and Phone \_\_\_\_\_

J Job Title \_\_\_\_\_ Duties \_\_\_\_\_

Name of Supervisor \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

Company/Employer Name and Type of Business \_\_\_\_\_ Employment Dates: \_\_\_\_\_

Address and Phone \_\_\_\_\_

Job Title \_\_\_\_\_ Duties \_\_\_\_\_

Name of Supervisor \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

**AGREEMENT**

The library has my permission to contact any of my past or present employers. Yes \_\_\_\_\_ No \_\_\_\_\_

If no, state reason \_\_\_\_\_

I certify that the information contained in this application is true, complete and correct. I understand that omissions, misstatements, misrepresentation, or deliberate omission of a fact may be used for rejection of this application and dismissal in accordance with Manhattan Public Library policy.

My signature authorizes the Manhattan Public Library to secure my driving record (if the position requires driving), transcripts from educational institutions to verify credits/degrees, and information needed to obtain a criminal background check.

I authorize the references provided to give you any and all information concerning previous employment and any pertinent information they may have, and release all parties from all liability for any damage that may result from furnishing this information to you.

I understand that this is an application for employment and that no employment contract is being offered. I understand that if I am employed, such employment is at-will and that the library may change wages, benefits and conditions at any time.

Signature of Applicant \_\_\_\_\_ / \_\_\_\_\_