

DATE _____

Whitehall Public Library

EQUAL OPPORTUNITY EMPLOYER

APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION

LAST NAME	FIRST NAME	MIDDLE INITIAL	PHONE ()
STREET ADDRESS (PRESENT)	CITY	STATE	ZIP CODE

POSITION DESIRED

POSITION TITLE	DATE YOU CAN START
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EDUCATION HISTORY

NAME & LOCATION OF SCHOOL	YEARS	DEGREE	MAJOR
HIGH SCHOOL			
COLLEGE			
OTHER			

FORMER EMPLOYERS (MOST RECENT FIRST)

DATES (MTH & YR)	NAME & ADDRESS	POSITION	REASON FOR LEAVING

CURRENTLY EMPLOYED? ___ YES ___ NO

IF YES, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? ___ YES ___ NO

REFERENCES (LIST THREE PERSONS UNRELATED TO YOU, PREFERABLY WHO HAVE EMPLOYMENT HISTORY FOR YOU.)

NAME	ADDRESS & PHONE NUMBER

SPECIAL SKILLS/TRAINING FOR POSITION

AUTHORIZATION

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws."

SIGNATURE _____

DATE _____