

Adams County Public Library

Application for Employment

Adams County Public Library is an Equal Employment Opportunity Employer. It is the philosophy, intent, and commitment of Adams County Public Library to adhere to a policy of equal employment opportunities for all applicants and employees without regard to race, color, religion, sex, age, ancestry, national origin, veteran status, mental or physical disability or any other status protected by law.

When completing this application, do not leave any question blank. Where necessary, use NA for any question that is not applicable. Do not substitute "See resume" for any requested information.

THIS APPLICATION WILL REMAIN ACTIVE FOR **THREE (3) MONTHS** UPON SIGNING.

PERSONAL DATA

Last Name	First	Middle	Date
Street Address		Home Phone	
City, State, Zip		Business Phone	
Are you 18 years or older?		Social Security Number 	
Type of work or position desired		Salary or wage expected	
Are you currently employed?	Are you currently on "lay-off" status and subject to recall? Please explain.		
When could you begin work?	Are you seeking employment <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary		
Are you legally eligible for employment in the United States?	Are you available to work a varied schedule, including evenings until 8 p.m. and Saturdays?		
How did you learn of Adams County Public Library?	Are you related to anyone employed at Adams County Public Library? If yes, list names.		
Have you ever been bonded? If yes, list employer name, address, and telephone number.	Have you ever applied for employment with the library? If yes, list month and year.		
May we contact your current employer?	May we contact you at your current employment?		

EMPLOYMENT HISTORY (List most recent employer first)

Company Name	Telephone Number
Company Address	Employed (mm/yyyy) From: _____ To: _____
Name and Title of Supervisor	Annual Pay Start: \$ _____ Finish: \$ _____
Job Title and Description of Major Responsibilities	Reason for Leaving

Company Name	Telephone Number
Company Address	Employed (mm/yyyy) From: _____ To: _____
Name and Title of Supervisor	Annual Pay Start: \$ _____ Finish: \$ _____
Job Title and Description of Major Responsibilities	Reason for Leaving

Company Name	Telephone Number
Company Address	Employed (mm/yyyy) From: _____ To: _____
Name and Title of Supervisor	Annual Pay Start: \$ _____ Finish: \$ _____
Job Title and Description of Major Responsibilities	Reason for Leaving

MILITARY SERVICE If you have served in the military, list branch.	Branch
Describe any training received that would be relevant to employment with the library.	Served (mm/yyyy) From: _____ To: _____

EDUCATION AND TRAINING

	High School	Business or Technical	College or University	Graduate or Professional Studies
School Name				
School Address				
City and State				
Phone Number				
Years Completed	9 10 11 12	1 2 3 4	1 2 3 4	1 2 3 4
Diploma/Degree				
Course of Study				
Honors Received				

Degree of educational achievement is considered in the hiring process only to the extent that specific educational achievement is a requirement for performing the job.

SPECIAL TRAINING OR SKILLS

Other than English, list all languages in which you are fluent.
List all computer programs in which you feel proficient.
List any other advanced training, continuing education, or special study experience that you think would be helpful.

REFERENCES

Name, Address, City, State, Zip	Relationship (Business or Personal)	Years Known	Telephone Number

APPLICANT'S AGREEMENT

I understand and agree that, if I am employed by the Adams County Public Library, my employment is entirely "at will," which means that my employment is not guaranteed for any definite period of time, and that my employment can be modified or terminated, with or without cause, and regardless of the date of payment of my wages and salary, and with or without prior notice at any time, at the option of either the Adams County Public Library or myself. I understand and agree that the Adams County Public Library reserves the right to establish and/or change any of the terms or conditions of any aspect of my employment, including my compensation, at its discretion at any time with or without notice.

I understand and agree that no other oral or written agreements or promises of any kind pertaining to the terms of my employment and/or my compensation exist outside of this Agreement, and if I believe that any such previous agreements or promises between any Adams County Public Library representative and myself have been made, I agree they are **superseded by the contents of this Agreement**. I understand and agree that no representative of the Adams County Public Library, other than the President of the Board, acting on behalf of the Board of Trustees, has any authority to enter into any other agreement with me or provide me with any assurances relating to any aspect of my employment with the Adams County Public Library, except that the above mentioned official of the Adams County Public Library may do so in writing, although the terms of that agreement cannot contradict the contents of this Agreement. The terms of this Agreement will supersede all others.

I understand that if I am offered employment by the Adams County Public Library, and if I accept that offer, this document will serve as the only agreement between the Adams County Public Library, its representatives and myself. I also agree that \$1.00 of the wages that I am paid when I report to work on my first day of employment will serve as sufficient consideration to bind this Agreement.

I authorize the Adams County Public Library to investigate my background, qualifications and/or any other information from whomever it deems appropriate. I also authorize anyone that the Adams County Public Library contacts as part of its investigation to release any information they have regarding me or my employment to the Adams County Public Library or its representatives. I also release all parties from all liability for any damage that may result from furnishing this information to the Adams County Public Library. Further, I release the Adams County Public Library from all liability for any information it might deem appropriate to release regarding me and my employment in the future.

I further agree to take any lawful medical examination, chemical, drug or alcohol test upon request by the Adams County Public Library at its sole discretion as a condition of my employment, or, if I am hired, as a condition of my continued employment at any time as deemed appropriate by the Adams County Public Library. I agree that my refusal to take any such examinations or tests immediately upon request may be cause for my not being hired or, if I am hired, may be cause for the immediate termination of my employment. I hereby release all persons or companies conducting such examinations from all liability.

I also certify that the facts contained in this application are true and complete to the best of my knowledge and understanding that if I am employed, any statements that I have falsified on this application shall be grounds for dismissal. I further certify that I have read all of the foregoing, understand the same and do hereby voluntarily agree to all of the provisions contained herein.

READ CAREFULLY BEFORE SIGNING

I agree that any claim or lawsuit relating to my service with the Adams County Public Library or any of its subsidiaries must be filed no more than six (6) months after the date of the employment action that is the subject of the claim or lawsuit. I waive any statute of limitations to the contrary.

I understand that if I am hired, this employment application will become part of my official employment record.

_____ APPLICANT'S SIGNATURE

_____ Date