

APPLICATION FOR EMPLOYMENT

Nevins Library is an equal opportunity employer. We are committed to our policy of providing equal employment opportunity to employees and job applicants in a manner consistent with applicable laws and regulations, including federal laws prohibiting employment discrimination on the basis of race, color, creed, national origin, sex, age, disability, or genetic information.

APPLICANT INFORMATION

DATE: _____

NAME: _____

ADDRESS: _____

CITY, STATE ZIP: _____

PHONE: _____

EMAIL: _____

APPLICANT QUESTIONS

POSITION APPLYING FOR: _____

DATE AVAILABLE TO START: _____

ARE YOU ELIGIBLE TO WORK IN THE U.S.?: YES NO

ARE YOU 16 YEARS OF AGE OR OLDER?: YES NO

HOW WERE YOU REFERRED TO NEVINS LIBRARY?: _____

EDUCATION HISTORY

	NAME & ADDRESS OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE?	COURSE OF STUDY
HIGH SCHOOL				
COLLEGE/TRADE				
OTHER				

MILITARY EXPERIENCE

BRANCH OF SERVICE: _____

RANK/TYPE OF SERVICE: _____

JOB RELATED TRAINING/EXPERIENCE: _____

RECORD OF EMPLOYMENT (List positions starting with the most recent)

EMPLOYER: _____

ADDRESS: _____

POSITION TITLE: _____

PHONE: _____

START DATE: _____

SUPERVISOR: _____

END DATE: _____

REASON FOR LEAVING: _____

RECORD OF EMPLOYMENT (Continued)

EMPLOYER: _____ ADDRESS: _____
POSITION TITLE: _____
PHONE: _____ START DATE: _____
SUPERVISOR: _____ END DATE: _____
REASON FOR LEAVING: _____

EMPLOYER: _____ ADDRESS: _____
POSITION TITLE: _____
PHONE: _____ START DATE: _____
SUPERVISOR: _____ END DATE: _____
REASON FOR LEAVING: _____

WORK RELATED REFERENCES (Do not include relatives)

	NAME	OCCUPATION	CONTACT INFORMATION
1.			
2.			
3.			

STATEMENT (Please read this statement carefully before signing this application)

I understand that employment with Nevins Library is at-will, meaning that I or Nevins Library may terminate my employment at any time, or for any reason consistent with applicable state or federal law.
I authorize Nevins Library to conduct a thorough background investigation of my work and personal history, and verify all data given on this application and during interviews. I hereby release Nevins Library, and its representatives or agents, from any liability that might result from such an investigation. I authorize all individuals, schools, and firms named to provide any requested information and release them from all liability for providing the requested information.
I understand that a Criminal Offender Record Information (CORI) Check may be necessary prior to my employment.
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.
In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification document form upon hire.
I understand this application will be active for a period of 12 months; after that time, if I wish to be considered for employment, I must submit a new application.
I certify that all statements in this completed application are true and understand that any falsification or willful omission shall be sufficient cause for dismissal or refusal to hire.

Signature of Applicant: _____ **Date Signed:** _____