



Linwood Community
Library District #1
19649 Linwood Rd.
Linwood, KS 66052
913-301-3686
www.linwoodlibrary.org

Employment Application

We are an equal opportunity employer. It is our policy that all applicants be considered solely on the basis of qualifications and ability without regard to race, religion, color, sex, age, national origin, disability, or veteran status. Please complete the application in its entirety and answer all questions completely. Indicate N/A if not applicable. Do not indicate "see resume." A resume may be attached to provide additional supporting information. Incomplete job applications may not be given consideration for employment. Please complete one application for each position. Applications are kept on file for 30 days from the applicant signature date.

POSITION _____ DATE _____

NAME (Last, First, MI) _____

ADDRESS (Street, City, State, Zip) _____

PHONE _____ ALT. PHONE _____

E-MAIL _____

Availability for work? Full-time Part-time On-call Date available for work: _____

Have you been previously employed here? Yes No If yes, list date & position:

Did you work for any employers or attend any schools under a different name than above?

Yes No If yes, which employer or school and under which name(s)

Are you legally authorized to work in the United States? Yes No

Proof of citizenship or employment eligibility under IRCA will be required for employment.

Employment History

Please begin by listing information from your most recent employer. If attaching resume, please DO NOT indicate "see resume" but complete employment history in its entirety.

EMPLOYER	PHONE	DATES EMPLOYED
ADDRESS		TITLE
CITY	STATE	ZIP
DUTIES		SUPERVISOR
		MAY WE CONTACT YOUR SUPERVISOR FOR A REFERENCE <input type="checkbox"/> YES <input type="checkbox"/> NO
		STARTING SALARY
REASON FOR LEAVING		FINAL SALARY

EMPLOYER	PHONE	DATES EMPLOYED
ADDRESS		TITLE
CITY	STATE	ZIP
DUTIES		SUPERVISOR
		MAY WE CONTACT YOUR SUPERVISOR FOR A REFERENCE <input type="checkbox"/> YES <input type="checkbox"/> NO
		STARTING SALARY
REASON FOR LEAVING		FINAL SALARY

EMPLOYER	PHONE	DATES EMPLOYED
ADDRESS		TITLE
CITY	STATE	ZIP
DUTIES		SUPERVISOR
		MAY WE CONTACT YOUR SUPERVISOR FOR A REFERENCE <input type="checkbox"/> YES <input type="checkbox"/> NO
		STARTING SALARY
REASON FOR LEAVING		FINAL SALARY

Education Information

Name of Institution (include city/state) Did you graduate? Degree/Diploma/Cert/GED Major/Minor

HIGH SCHOOL	YES	NO		
COLLEGE	YES	NO		
COLLEGE	YES	NO		
OTHER	YES	NO		

Special Skills & Qualifications

Indicate below any experience, special training, skills, licenses, or certifications not provided in other parts of this application that may assist you in performing the position for which you are applying:

References

Please list three business/work/professional references below, who are not related to you. If not applicable, list three school or personal references who are not related to you.

NAME	TITLE	RELATIONSHIP TO YOU	TELEPHONE	YEARS KNOWN

Applicant Statement

My signature below certifies that all information I have provided on this application or any attached document is complete, true and correct. I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to eliminate me from further consideration of employment, or may result in my immediate discharge from Linwood Community Library District #1's service, whenever it is discovered. I expressly authorize, without reservation, Linwood Community Library District #1, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities, and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume and/or job interview. I hereby waive any and all rights and claims I may have against Linwood Community Library District #1, its agents, employees or representatives for seeking, gathering and using information, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me. I understand that Linwood Community Library District #1 does not unlawfully discriminate in employment and no questions on this application are used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state or federal law. If I am hired, I understand that I am free to resign at any time, with or without prior notice, and that Linwood Community Library District #1 reserves the same right to terminate my employment at any time without cause and without prior notice. This application does not constitute an agreement or contract for employment for any period or duration. I understand that no representative of Linwood Community Library District #1 is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the Director of Linwood Community Library District #1. I understand that a criminal history record check, and a physical capacity testing are required as a condition of employment. I understand that if I am extended an offer of employment that it may be conditioned upon my successfully passing a complete pre-employment screening. I consent to the release of any or all medical information as may be deemed necessary to judge my capability to do the work for which I am applying.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

APPLICANT SIGNATURE _____ DATE _____