

LAKE COUNTY LIBRARY DISTRICT

Employment Application

APPLICANT INFORMATION			
Last Name	First	M.I.	Date
Other Names Used		Social Security No.	
Street Address		Apartment/Unit #	
City	State	ZIP	
Phone () -	E-mail Address		
Position Applying for			Date Available
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>
Are you eligible for veteran's preference under OAR 839-006?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, please attach documentation of your eligible military service.
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?

EDUCATION			
High School		Address	
Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, did you obtain a GED? YES <input type="checkbox"/> NO <input type="checkbox"/>
College		Address	
Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
Other		Address	
Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree

REFERENCES		
<i>Please list three references who can speak about working or volunteering with you.</i>		
Full Name	Relationship	
Company	Phone () -	
Address		
City	State	ZIP
Full Name	Relationship	
Company	Phone () -	
Address		
City	State	ZIP
Full Name	Relationship	
Company	Phone () -	
Address		
City	State	ZIP

PREVIOUS EMPLOYMENT

Company	Phone () -
Address	Supervisor
Job Title	Employed from (mo/yr) to (mo/yr)
Responsibilities	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/> Reason for Leaving	
Company	Phone () -
Address	Supervisor
Job Title	Employed from (mo/yr) to (mo/yr)
Responsibilities	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/> Reason for Leaving	
Company	Phone () -
Address	Supervisor
Job Title	Employed from (mo/yr) to (mo/yr)
Responsibilities	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/> Reason for Leaving	
Company	Phone () -
Address	Supervisor
Job Title	Employed from (mo/yr) to (mo/yr)
Responsibilities	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/> Reason for Leaving	

If needed, you may attach additional pages to list additional employment history for at least the last 5 years. Please provide only the information requested above for each entry.

OTHER SKILLS OR QUALIFICATIONS

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DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature	Date
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