

Application For Employment

EASTERN OKLAHOMA
DISTRICT LIBRARY SYSTEM
814 West Okmulgee
Muskogee, OK 74401-6839
(918) 683-2846
Fax (918) 683-0436

We consider applicants for all positions without regard to race, color, religion, gender, national origin, age, disability, veteran status, or any other legally protected status.

Incomplete applications will not be considered.

(PLEASE PRINT)

Position Applied For	Date of Application
How Did You Learn About Us?	
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Website
<input type="checkbox"/> Friend	<input type="checkbox"/> Library Posting
	<input type="checkbox"/> Relative
	<input type="checkbox"/> Other - Ex: _____

Last Name	First Name	Middle Name
Address	Number	Street
	City	State
		Zip Code
Telephone Number(s)		

Have you ever filed an application with us before? Yes No

If Yes, give date _____

Have you ever been employed with us before?

Yes No

If Yes, give date _____

Are you currently employed?

Yes No

May we contact your present employer?

Yes No

Are you legally authorized to work in the United States?.

Yes No

On what date would you be available for work? _____

Are you available to work: Full Time Part Time Temporary Days Evenings

Can you work: Weekends Overtime

Have you been convicted of a felony within the last 7 years? Yes No

Conviction will not necessarily disqualify an applicant from employment.

If yes, please explain _____

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

Education

	Name and Address of School	Course of Study	Number of Years Completed Diploma/Degree	
High School		NA	Diploma	
			GED	
Undergraduate College			Degree Earned	Year Earned
Graduate Professional			Degree Earned	Year Earned
Other (Specify)			Degree Earned	Year Earned

Describe any specialized training, apprenticeships, skills, qualifications, licenses, awards, and certificates you have earned.

Additional Information

Other Qualifications
List computer programs with which you are proficient.

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENT OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job, for which you have applied? _____ Yes _____ No

Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. Please list your complete work history. **A resume is not a substitute for completing this form.**

1	Employer	Dates Employed		Work Performed/Responsibilities
		From	To	
	Address			
	Telephone Number(s)			
	Job Title	Supervisor		
	Reason For Leaving			
2	Employer	Dates Employed		Work Performed/Responsibilities
		From	To	
	Address			
	Telephone Number(s)			
	Job Title	Supervisor		
	Reason For Leaving			
3	Employer	Dates Employed		Work Performed/Responsibilities
		From	To	
	Address			
	Telephone Number(s)			
	Job Title	Supervisor		
	Reason For Leaving			
4	Employer	Dates Employed		Work Performed/Responsibilities
		From	To	
	Address			
	Telephone Number(s)			
	Job Title	Supervisor		
	Reason For Leaving			

If you need additional space, please continue on a separate sheet of paper, or attach a resume.

List professional, trade, business or civic activities and offices held.

You may exclude memberships which would reveal gender, race, religion, national origin, age, disability or other protected status.

References — Do not include family members or past supervisors.

1.	_____	_____	_____
	(Name)	Phone #	Best Time To Call
	How do you know this person?		
2.	_____	_____	_____
	(Name)	Phone #	Best Time To Call
	How do you know this person?		
3.	_____	_____	_____
	(Name)	Phone #	Best Time To Call
	How do you know this person?		

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge.
 I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge the Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant _____
Date

FOR PERSONNEL DEPARTMENT USE ONLY

Interview Date _____

Others present at interview _____

Employed Yes No Date of Employment _____

Hourly Rate _____

Job Title _____ Salary _____ Department _____

BY _____

_____ BRANCH MANAGER _____ DATE

_____ EXECUTIVE DIRECTOR _____ DATE

NOTES: _____
