

EMPLOYMENT APPLICATION

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| The Cambria County Library is an equal opportunity/affirmative action employer. All qualified applicants will be considered without regard to age, race, color, sex, religion, national origin, marital status, ancestry, citizenship, veteran status, sexual orientation or preference, or physical or mental disability. |

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| **PERSONAL** | | | |
| Last Name | First | Initial | Home Telephone #  ( ) |
| Other Name(s) Used |  |  | Cell Phone #  ( ) |
| Address City Zip Code | | | |
| Position Applied For Referred By Salary Desired | | | |
| Employment Desired \_\_\_\_\_\_ Full Time \_\_\_\_\_\_ Part Time \_\_\_\_\_ Full or Part Time | | | |
| Have you ever been employed with the Cambria County Library System?  Yes  No | | | |
| Are you at least 18 years old?  Yes  No | | | |

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| **EDUCATION** | | | | | | | | | |
| Circle Highest Grade Completed | | | High School  College, Trade or Business  Graduate Studies | | | 9 10 11 12  1 2 3 4  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| School | | Address | | | Major Studies | | | Degree, Diploma,  License or Certificate | |
| High School | |  | | |  | | |  | |
| College/University | |  | | |  | | |  | |
| Vocational, Business, Other | |  | | |  | | |  | |
| Other Special Knowledge, Skills or Qualifications | | | | | | | | | |
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| Do you type?  Yes  No If yes, WPM | | | | | | | | | |
| Computer Skills (Hardware/Software) | | | | | | | | | |
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| **EMPLOYMENT HISTORY** | | | | | | | | |
| List all recent employment. All information must be completed. You may attach a resume, but not in place of completing the required information. | | | | | | | | |
| Employer Name | | | | Supervisor Name | | | | |
| Employed From  / / | Employed Until  / / | | | Starting Salary | | | Ending Salary | |
| Job Title | | | | Reason for Leaving | | | | |
| Duties & Responsibilities | | | |  | | | | |
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|  | | | | | | | | |
| Employer Name | | | | Supervisor Name | | | | |
| Employed From  / / | Employed Until  / / | | | Starting Salary | | | Ending Salary | |
| Job Title | | | | Reason for Leaving | | | | |
| Duties & Responsibilities | | | |  | | | | |
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| Job Title | | | | Reason for Leaving | | | | |
| Duties & Responsibilities | | | |  | | | | |
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| Employer Name | | | | Supervisor Name | | | | |
| Employed From  / / | Employed Until  / / | | | Starting Salary | | | Ending Salary | |
| Job Title | | | | Reason for Leaving | | | | |
| Duties & Responsibilities | | | |  | | | | |
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| **GENERAL** |
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| Yes No |  |
|   | May we contact your current employer for references? |
|   | If hired, will you be able to work overtime? |
|   | Will you be able to perform the essential job functions for the position you are applying for with or without reasonable accommodation? |
|   | Have you ever been convicted of a crime, excluding misdemeanors and summary  offenses, which have not been annulled, expunged, or sealed by court? (A “yes” response does not automatically disqualify your application) |

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| **CERTIFICATION & AUTHORIZATION** |
| The above information is true and correct. I understand that, in the event of my employment by the Cambria County Library, I shall be subject to dismissal if any information that I have given in this application is false or misleading or if I have failed to give any information herein requested, regardless of the time elapsed after discovery.  I authorize the Cambria County Library to inquire into my educational, professional and past employment history, references as needed to research my qualifications for this position. I hereby give my consent to any former employer to provide employment-related information about me to the Cambria County Library and will hold the Cambria County Library harmless from any claim made on the basis that such information about me was provided or that any employment decision was made on the basis of such information. I further authorize the Cambria County Library to obtain any credit or consumer checks.  I understand that nothing in this employment application, the granting of an interview or my subsequent employment with the Cambria County Library is intended to create an employment contract between myself and the Cambria County Library under which my employment could be terminated at will and may be terminated by me or the Cambria County Library at any time and for any reason. I understand that no person has any authority to enter into any agreement contrary to the foregoing.  If employed, I will be required to provide original documents which verify my identity and right to work in the United States under the Immigration Reform and Control Act (IRCA) of 1986. The document (s) provided with be used for completion of the Form I-9.  I hereby acknowledge that I have read and agree to the above statements.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature Date | |
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