



# APPLICATION FOR EMPLOYMENT

**PERSONAL INFORMATION**

DATE \_\_\_\_\_

NAME \_\_\_\_\_  
LAST                      FIRST                      MIDDLE

PRESENT ADDRESS \_\_\_\_\_  
STREET                      CITY                      STATE                      ZIP

MAILING ADDRESS \_\_\_\_\_  
STREET                      CITY                      STATE                      ZIP

PHONE NO. \_\_\_\_\_ ARE YOU 18 YEARS OR OLDER? YES  NO

OTHER NAMES YOU HAVE USED OR BEEN EMPLOYED UNDER \_\_\_\_\_

DO YOU HAVE A VALID NV DRIVERS' LICENSE? YES  NO

ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED  
 IN THIS COUNTRY BECAUSE OF VISA OR IMMIGRATION STATUS? YES  NO

HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES  NO  IF YES, PLEASE EXPLAIN EACH VIOLATION \_\_\_\_\_

**EMPLOYMENT DESIRED**

POSITION \_\_\_\_\_ DATE YOU CAN START \_\_\_\_\_ SALARY DESIRED \_\_\_\_\_

ARE YOU EMPLOYED NOW? \_\_\_\_\_ IF SO MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? \_\_\_\_\_

EVER APPLIED TO HDPL BEFORE? \_\_\_\_\_ WHERE? \_\_\_\_\_ WHEN? \_\_\_\_\_

**AVAILABILITY**

	SUN	MON	TUES	WED	THURS	FRI	SAT
<b>DAY</b>							
<b>EVE</b>							

**REFERRED BY**

EDUCATION	NAME AND LOCATION OF SCHOOL	*NO. OF YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
HIGH SCHOOL/GED				
COLLEGE				
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL				
GRADUATE SCHOOL				

**GENERAL**

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK \_\_\_\_\_

SPECIAL SKILLS \_\_\_\_\_

ACTIVITIES AND/OR ORGANIZATIONS E.G. CIVIC, ATHLETIC, ETC. (OPTIONAL) \_\_\_\_\_

FOREIGN LANGUAGE SKILLS \_\_\_\_\_

COMPUTER SKILLS \_\_\_\_\_

**FORMER EMPLOYERS** (LIST BELOW LAST THREE EMPLOYERS, STARTING WITH LAST ONE FIRST).

DATE (MONTH AND YEAR)	FROM	TO
NAME AND ADDRESS OF EMPLOYER		
SALARY	POSITION	
DUTIES		
REASON FOR LEAVING		
DATE (MONTH AND YEAR)	FROM	TO
NAME AND ADDRESS OF EMPLOYER		
SALARY	POSITION	
DUTIES		
REASON FOR LEAVING		
DATE (MONTH AND YEAR)	FROM	TO
NAME AND ADDRESS OF EMPLOYER		
SALARY	POSITION	
DUTIES		
REASON FOR LEAVING		

**REFERENCES:** GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

NAME	PHONE NUMBER & ADDRESS		BUSINESS	YEARS ACQUAINTED
1.				
2.				
3.				

"I CERTIFY THAT ALL THE INFORMATION SUBMITTED BY ME ON THIS APPLICATION AND OTHER SUPPORTING DOCUMENTATION IS TRUE AND COMPLETE, AND I UNDERSTAND THAT IF ANY FALSE INFORMATION, OMISSIONS, OR MISREPRESENTATIONS ARE DISCOVERED, MY APPLICATION MAY BE REJECTED AND, IF I AM EMPLOYED, MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME. AS AN APPLICANT FOR EMPLOYMENT WITH THE HENDERSON DISTRICT PUBLIC LIBRARIES, I UNDERSTAND THAT A THOROUGH BACKGROUND INVESTIGATION WILL BE CONDUCTED TO QUALIFY ME FOR ELIGIBILITY. IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO THE DISTRICT'S POLICIES AND PROCEDURES AND I AGREE THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME, AT EITHER MY OR THE DISTRICT'S OPTION. I ALSO UNDERSTAND AND AGREE THAT THE TERMS AND CONDITIONS OF MY EMPLOYMENT MAY BE CHANGED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME BY THE DISTRICT. I UNDERSTAND THAT NO DISTRICT REPRESENTATIVE, OTHER THAN THE DIRECTOR, AND THEN ONLY WHEN IN WRITING AND SIGNED BY THE DIRECTOR, HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIC PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING."

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_