



## APPLICATION FOR EMPLOYMENT

It is the policy of the Aloha Community Library Association to provide opportunity for all qualified persons and not to unlawfully discriminate against any employee or qualified applicant for employment because of: race, color, ancestry, national origin, religion, sex, marital status, sexual orientation, gender identity, gender expression, disability, mental condition, age, or veteran status.

### PERSONAL INFORMATION

Name: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Job Applying For: \_\_\_\_\_ Date Available: \_\_\_\_\_ Income Desired: \_\_\_\_\_

Employment Preference:  Full -Time  Part-Time  Internship  Temporary  No Preference  Other

Shift Preference:  Days  Evenings

List hours/shifts/days you cannot/will not work: \_\_\_\_\_

Are you legally eligible to work in the U.S.?  Yes  No

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

How did you hear about this position? \_\_\_\_\_ Name of referrer: \_\_\_\_\_

### EMPLOYMENT

Please list all paid and unpaid work experience for the last 10 years (list most recent employment first). You may include military experience without the nature of discharge information.

1. EMPLOYER: \_\_\_\_\_ May we contact?  Yes  No  Later

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Starting Position: \_\_\_\_\_ Ending Position: \_\_\_\_\_

Supervisor Name/Title: \_\_\_\_\_

Your Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

2. EMPLOYER: \_\_\_\_\_ May we contact?  Yes  No  Later  
Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_  
Starting Position: \_\_\_\_\_ Ending Position: \_\_\_\_\_  
Supervisor Name/Title: \_\_\_\_\_  
Your Duties: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

3. EMPLOYER: \_\_\_\_\_ May we contact?  Yes  No  Later  
Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_  
Starting Position: \_\_\_\_\_ Ending Position: \_\_\_\_\_  
Supervisor Name/Title: \_\_\_\_\_  
Your Duties: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

4. EMPLOYER: \_\_\_\_\_ May we contact?  Yes  No  Later  
Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_  
Starting Position: \_\_\_\_\_ Ending Position: \_\_\_\_\_  
Supervisor Name/Title: \_\_\_\_\_  
Your Duties: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

Additional Employers (please include Company Name, Job Title and Dates of Employment):

Please explain any gaps in employment:

## EDUCATION

High School Name: \_\_\_\_\_

Do you have a diploma or certificate?  Yes  No Diploma or Certificate Received: \_\_\_\_\_

College/Technical School Name: \_\_\_\_\_ Major/Courses: \_\_\_\_\_

Do you have a diploma or certificate?  Yes  No Diploma or Certificate Received: \_\_\_\_\_

Graduate Studies School Name: \_\_\_\_\_ Major/Courses: \_\_\_\_\_

Do you have a diploma or certificate?  Yes  No Diploma or Certificate Received: \_\_\_\_\_

Other (specify): \_\_\_\_\_ Major/Courses: \_\_\_\_\_

Do you have a diploma or certificate?  Yes  No Diploma or Certificate Received: \_\_\_\_\_

## OTHER JOB RELATED SKILLS AND QUALIFICATIONS

In addition to work history, please list other experiences, skills or qualifications that may be beneficial in performing this job.

## PROFESSIONAL REFERENCES

1. Name/Title \_\_\_\_\_ Phone: \_\_\_\_\_

Company Name: \_\_\_\_\_ E-mail: \_\_\_\_\_

2. Name/Title \_\_\_\_\_ Phone: \_\_\_\_\_

Company Name: \_\_\_\_\_ E-mail: \_\_\_\_\_

3. Name/Title \_\_\_\_\_ Phone: \_\_\_\_\_

Company Name: \_\_\_\_\_ E-mail: \_\_\_\_\_

## EMPLOYMENT DISCLOSURE

I certify that the answers given herein are true and complete to the best of my knowledge. In the event of employment, I understand that false or misleading information given on my application or interview(s) may result in discharge. I also understand that if I become employed I will be required to abide by all rules and regulations of the employer of this position. In addition, I understand that I must reapply to be considered for other openings.

I am applying for employment with the Aloha Community Library Association, and I understand that the employer has a need to ask my prior employer(s) about my performance and conduct on the job and may verify education and certification records as needed for this job opening. I also understand that my prior employers and schools have a legitimate interest in providing this information in response to this application. I understand that the Aloha Community Library Association and/or their representative intends to contact my prior employers and/or schools to obtain information regarding my work related performance and conduct. I authorize my prior employers and schools (and their agents) to provide this information, and I agree to hold them harmless and release them from any claims, including claims for defamation, for providing this information to the Aloha Community Library Association and/or their representative. I authorize investigation of all statements contained in this application for employment and/or any attached resume and cover letter as may be necessary in arriving at an employment decision.

I understand and acknowledge that, unless otherwise defined by applicable law, any employment relationships with the Aloha Community Library Association is of an "at will" nature, which means that if I am employed I may resign at any time, and the Association may discharge me at any time with or without cause. I further understand 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 the Aloha Community Library Association.

By signing below, I understand that I am agreeing to the Employment Disclosure section of this application and that my signature here indicates that I have read and understood the statements shown in this Employment Disclosure.

Signature \_\_\_\_\_ Date \_\_\_\_\_