

Griggs County Public Library

Application for Employment

Your completed application can be submitted to the following address by regular mail, email or by bringing it to the library:

Griggs County Board of Directors
 Griggs County Public Library
 902 Burrel Ave
 PO Box 546
 Cooperstown, ND 58425
gcpubliclibrary@mlgc.com

To be considered for a position with Griggs County Public Library, please print or type your responses on the following *Application for Employment* form. All applicable sections must be completed. Please remember to sign and date the form. Please submit with a letter of interest and other pertinent materials.

Personal Information:

Name: First	MI	Last	Date of Application
Address		City	State Zip Home/Cell Phone
Do you have the legal right to work in the US. _____ Yes _____ No		Are you under 18 years of age _____ Yes _____ No	
Email			
Have you ever used another name that would affect employment and education reference verification?			

Employment Desired

Position desired	Date available for work
State any schedule limitations to working at the library:	
Have you ever applied to this company before	When

Education: (Please include non tradition education if applicable.)

Level of Education	Degree/Diploma	Area of Specialization	Completed or In Progress
High School			
College			
Graduate/Professional			
Other (Vocational, Tech, etc.)			
Do you plan further education ___Yes ___No Do you have a start date for your courses _____			
Type of course/program			

The Age Discrimination in Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 but less than 70 years of age.

Former Employers

Start with most recent employment.

May we contact the employers listed below? _____ Yes _____ No

Indicate those you do not wish us to contact:

Did you work for any of the employers listed under a different name ____ Yes ____ No

If yes, indicate employer and the name you used. _____

Employer:	Supervisor:	Phone:
Address		Employed (month and year) From _____ To _____
Job Title		Total Hours Worked -- _____ week _____ month
Describe your duties		Reason for leaving
Employer:	Supervisor:	Phone:
Address		Employed (month and year) From _____ To _____
Job Title		Total Hours Worked -- _____ week _____ month
Describe your duties		Reason for leaving
Employer:	Supervisor:	Phone:
Address		Employed (month and year) From _____ To _____
Job Title		Total Hours Worked -- _____ week _____ month
Describe your duties		Reason for leaving

If you wish to include other employers, please use an additional page.

Three Work Related References:

Name	Phone	Address	Occupation	Time Known

If you wish to include other references, please use an additional page.

Physical Record:

Do you have any physical limitations that preclude you from performing any work for which you are considered: Yes _____ No _____

A staff member is required to: see, talk and hear; sit, stand and walk; twist and bend; use hands to finger, handle or feel; reach with hands and arms; climb and/or balance. Staff members must occasionally lift and/or move objects or materials weighing up to 40 pounds and are required to push or pull carts of books and other materials. Specific vision abilities include close vision.

If yes, what can be done to accommodate your limitation? Please describe:

Do you have a valid driver's license and access to a working vehicle Yes____ No ____.

Additional Information

Use this space to list special, pertinent skills, abilities, accomplishments, and for any comments or information that may be helpful in reviewing your qualifications.

Applicant Read and Sign

I certify that the facts contained in this application are true and complete to best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you.

I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without any prior notice.

Date: _____ Signature: _____

Do not write below this line

Interviewed by: _____ Date: _____

Hired: Yes No

Position: _____

Salary: _____ Date reporting to work: _____