Riverside Regional Library APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

All applicants are considered without regard to race, color, gender, religion, national origin, age, marital or veteran status, mental or physical disability unrelated to job performance or any other legally protected status.

POSITION APPLYING FOR:		DATE:				
PERSONAL INFORMATION	ON					
Legal name: First	Last		Middle Initial			
Address: Street	City	State	Zip code			
Home Telephone:	Other Telephor	ne:				
E-mail:	Social Security	· #:				
Driver's License #:(if position requires operation of a	Stacompany vehicle)	ate:				
Are you legally eligible for employ	yment in the United States?	□ Yes □ N	No			
United States Visa status, if appli	icable:					
Have you been convicted of a fel-	ony? ☐ Yes ☐ No					
If yes, please explain circumstance	ces:					
Are you at least 18 years old?	□ Yes □ No					
POSITION INFORMATION	V					
Position(s) applying for:	;	Salary desired: \$				
Employment status desired:	☐ Full Time ☐ Part Time	☐ Temporary	y			
What hours are you available to	work?					
If hired, when could you start?						
How did you hear about this job?						

EMPLOYMENT HISTORY (Most recent first)

1. Job Title:	,	,	Dutie	es:	
Employer:					
Dates of Employment (month / year) From: To:					
Starting Salary:	Ending	Salary:		☐ Full Time ☐ Part Time ☐ Temp	
Employer's Address:					
Supervisor:		May we contact	:t? □ `	Yes ☐ No Phone:	
Reason for Leaving:					
2. Job Title:			Dutie	es:	
Employer:					
Dates of Employment (month / year) From: To:					
Starting Salary:	Ending	Salary:		☐ Full Time ☐ Part Time ☐ Temp	
Employer's Address:					
Supervisor:	May we contact? ☐ Yes ☐ No Phone:				
Reason for Leaving:					
3. Job Title:			Dutie	es:	
Employer:					
Dates of Employment (month / year) From: To:					
Starting Salary:	Ending	Ending Salary:		☐ Full Time ☐ Part Time ☐ Temp	
Employer's Address:					
Supervisor: May we conta		May we contact	nct? ☐ Yes ☐ No Phone:		
Reason for Leaving:					
4. Job Title:			Dutie	es:	
Employer:					
Dates of Employment (month / year) From: To:					
Starting Salary:	Ending	Salary:		☐ Full Time ☐ Part Time ☐ Temp	
Employer's Address:	•				
Supervisor:		May we contact	ct? 🗆 Yes 🗆 No Phone:		
Reason for Leaving:					

FDUCATION

gh School						
niversity						
aduate School						
ch School						
her						
Special courses	, trainin	g or experience acquire	ed, including m	ilitary expe	rience:	
SKILLS erical / Office skills						
omputer skills		Name of software:			☐ PC ☐ Mad	. 🗆 W.DM
					□ РС □ IVIAC	· · · · · · · · · · · · · · · · · · ·
nguages her special knowledg	ge or					
ills						
	•	ner experience, abilities		night be hel	pful in conside	ering your
application:						
I hereby certify t knowledge and	that all s belief.	s AUTHORIZATION statements made in this I understand that any m for disqualification from	application ar	ons or omis	sions of facts	in this
		y to inquire into my edu o research my qualifica			past employn	nent history
understand that	I will be	conform to the rules, re e an employee "at will" a p at any time for any re	and either the o	company or	I may termina	
I hereby acknov	-	hat I have read and full	y understand t	he forgoing	and seek em	oloyment
under these cor	iditions.					