

## Application for Employment Equal access to programs, services and employment is available to all persons. Those applicants requiring

**EOE** 

accommodation to the application and/or interview process should contact a representative of the Library.

| PLEASE PRINT Position (s) applied for                         |                         |                     |   |                    | Date of application/ |                       |  |
|---|-------------------------|---------------------|---|--------------------|----------------------|-----------------------|--|
| Name  |                         |                     |   |                    |                      |                       |  |
| Address   |                         |                     | City  |                    |                      | Zip                   |  |
| Telephone ()  | e-                      | mail                |   |                    |                      |                       |  |
| If you are under 18, can you furnish a work permit?           |                         |                     |   |                    | [] Yes               | [ ] No                |  |
| Have you ever been employed here before?                      |                         |                     |   |                    | [] Yes               | [ ] No                |  |
| Do you have any relatives that work(ed) for JV Brown or LCLS? |                         |                     |   |                    | [] Yes               | [ ] No                |  |
| Do you have any library experience?                           |                         |                     |   |                    | [] Yes               | [ ] No                |  |
| If yes, where   |                         |                     |   |                    |                      |                       |  |
| Are you legally eligibl                                       | le for employment in th | nis country?        |   |                    | [] Yes               | [ ] No                |  |
| Proof of U.S. Citizens  | ship or immigration sta | ıtus will be requir | ed upon employmer   | ıt.)               |                      |                       |  |
| 'ype of employment o  | lesired [] Full-time    | [] Part-time        | [] Temporary  | [] Seasonal        | [] Work              | Study w/Local College |  |
| Employment History  |                         |                     |   |                    |                      |                       |  |
|   | employers, assignment   | s or volunteer act  | tivities, starting with   | the most recen     |                      |                       |  |
| From  | То                      | Employer            |   |                    | Tele                 | ephone                |  |
| Job Title   |                         | Address             |   |                    |                      |                       |  |
| mmediate Supervisor ar  | nd Title                | Summarize the       | Summarize the Nature of Work Performed and Job Responsibilities |                    |                      |                       |  |
| Reason for Leaving  |                         |                     |   |                    |                      |                       |  |
| -rom  | То                      | Employer            |   |                    | Tele                 | ephone                |  |
| lob Title   |                         | Address             |   |                    |                      |                       |  |
| mmediate Supervisor ar  | nd Title                |                     | Summarize the Nature of Work Performed and Job Responsibilities |                    |                      |                       |  |
| Timediate Supervisor ar                                       | ia Title                | Summanze me         | rivature of Work Ferro  | illied and Job Nes | эропэіріііцез        |                       |  |
| Reason for Leaving  |                         |                     |   |                    |                      |                       |  |
| From  | То                      | Employer            |   |                    | Tele                 | ephone                |  |
| Job Title   | Title Add               |                     |   |                    |                      |                       |  |
| mmediate Supervisor and Title                                 |                         | Summarize the       | Summarize the Nature of Work Performed and Job Responsibilities |                    |                      |                       |  |
| Reason for Leaving  |                         |                     |   |                    |                      |                       |  |
| Skills and Qualificati  |                         | ificates and/or ch  | aracteristics of your   | self that may gu   | alify you as         | heing able to perform |  |

| Educational Background  Name and Locations   | Voore Completed           | Did Vou Craduate?         | Course of Study                      |  |
|--|---------------------------|---------------------------|--------------------------------------|--|
| Ivame and Locations  | Years Completed           | Did You Graduate?         | Course of Study                      |  |
| High School  |                           |                           |                                      |  |
| College  |                           | Major Degree              |                                      |  |
| Other  |                           |                           |                                      |  |
|  |                           |                           |                                      |  |
| Defenences (husiness references mechanis)  |                           |                           |                                      |  |
| References (business references preferred)   |                           |                           |                                      |  |
| Name   | Telephone                 | Years Known/Relationship  |                                      |  |
|  |                           |                           |                                      |  |
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|  |                           |                           |                                      |  |
| TY 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1  | <b>I</b>                  | l                         |                                      |  |
| How did you learn about this position?   |                           |                           |                                      |  |
| It is understood and agreed upon that any misrepresent   |                           |                           | ient cause for cancellation of this  |  |
| application and/or separation from the employer's serv   | ice if I have been emp    | loyed.                    |                                      |  |
| I give the employer the right to investigate all reference   | es and to secure addition | onal information about    | me, if job-related. I hereby release |  |
| from liability the employer and its representative for se  | eeking such informatio    | n, and all other persons  | s, corporations or organizations for |  |
| furnishing such information.   |                           |                           |                                      |  |
| The employer is an <b>Equal Opportunity Employer</b> . T   |                           |                           |                                      |  |
| application is used for the purpose of limiting or excus state or federal law.                                 | ing any applicant's co    | nsideration for employi   | ment on a basis prohibited by local, |  |
| I understand that just as I am free to resign at any time.   | , the employer reserve    | s the right to terminate  | my employment at any time, with o    |  |
| without cause and without prior notice. I understand the contrary.   | nat no representative o   | f the employer has the    | authority to make any assurances to  |  |
| I understand it is this company's policy not to refuse to  | hire a qualified indivi   | idual with a disability b | pecause of this person's need for an |  |
| accommodation that would be required by the ADA.   | -                         | ·                         | •                                    |  |
| How would you plan to accomplish the essential requires atisfactorily performing the job for which you are app |                           | l is there anything that  | would prevent you from               |  |
| If yes, please explain   | 191116.                   |                           |                                      |  |
|  |                           |                           |                                      |  |
|  |                           |                           | <del></del>                          |  |
|  |                           |                           |                                      |  |
|  |                           |                           |                                      |  |
|  |                           |                           |                                      |  |

\_Date\_\_\_\_

Signature of Applicant \_\_\_\_\_\_\_8/2023