

Lawrence Public Library Employment Application

Equal Opportunity Employer

Lawrence Public Library
707 Vermont Street
Lawrence, KS 66044-2371
(785) 843-3833

Fill out this application completely. If a question does not apply to you, mark "N/A". A separate application is required for each position. Documents submitted with this Application will not be returned. Avoid any reference to religion, politics, race, sex, or other non-related traits. Notify us promptly if you have a change of address, phone, or employer. If you need assistance with this application, the Library staff will be glad to help you.

We consider applicants for all positions, regardless of race, gender, religion, color, national origin, age, ancestry, sexual orientation, the presence of a non-job-related medical condition or disability, or any other legally protected status.

Date of Application _____

Position Applying for (please be specific) _____

Full Name _____

Address _____

City/State/Zip _____

Home Phone _____ Work Phone _____

Cellular Phone _____ E-Mail _____

1. Are you now, or have you ever been employed by the Library?

Yes No

If yes, please explain: _____

2. Are you related (by blood or marriage) to any person currently employed by the Lawrence Public Library?

Yes No

3. Are you currently employed? Yes No

4. May we contact your current employer? Yes No

5. May we contact your previous employer(s)? Yes No

If no, please explain: _____

6. Have you ever been discharged or forced/asked to resign?

Yes No

If yes, please explain: _____

7. Are you prevented from lawfully becoming employed in this country because of VISA or Immigration Status?

Yes No (Proof of citizenship or immigration status will be required upon employment)

8. On what date would you be available for work? _____

9. Are you available to work:

Full-time Part-time Temporary

10. Are you on lay-off and subject to recall? Yes No

If yes, please explain: _____

List any special training or skills (language, computer operation, typing, etc.) that would be of special benefit in a library.

EXPERIENCE

List your last three positions. Account for volunteer, part-time, military, summer positions, and periods of unemployment, etc. **It is critical that you provide complete information.** Resumes may be attached. Start with your present or most recent position and work backwards. You may exclude organization names that indicate race, color, religion, national origin, disability or other protected status.

1. From _____ To _____ Job Title _____
Employer Name/Address _____
Verify by Calling _____ Phone _____
Duties _____
_____ Hours/Week _____
Reason for Leaving _____

2. From _____ To _____ Job Title _____
Employer Name/Address _____
Verify by Calling _____ Phone _____
Duties _____
_____ Hours/Week _____
Reason for Leaving _____

3. From _____ To _____ Job Title _____
Employer Name/Address _____
Verify by Calling _____ Phone _____
Duties _____
_____ Hours/Week _____
Reason for Leaving _____

AGREEMENT

Please Read Carefully Before Signing

I understand that the Immigration Reform and Control Act of November 6, 1986 requires me to prove the legality of my residency or citizenship. I am also aware that the failure to provide such proof at the time of request may legally force my termination.

I certify that this application contains no willful material misrepresentation or falsification and that the information given by me is true and complete to the best of my knowledge and belief.

I understand that: (1) nothing contained in this employment application or in the granting of an interview is intended to create a contract between me and the Lawrence Public Library for either employment or the provision of any benefits, (2) if I am employed, such employment is at will and that the Lawrence Public Library can change wages, benefits or conditions at any time, (3) if an employment relationship subsequently is established, I will have the right to terminate my employment at any time, (4) the Lawrence Public Library will have the right to terminate my employment at any time without liability for wages or salary except such as may have been earned at the date of such termination, and (5) no promise, representation or agreement contrary to the foregoing is binding on the Lawrence Public Library unless made in writing and signed by me and an authorized representative of the Lawrence Public Library.

I have read and fully understand the above.

Applicant's Signature

Date

AUTHORIZATION AND RELEASE

Please Read Carefully Before Signing

I, (Name) _____

authorize the Lawrence Public Library to make a thorough investigation of my educational, employment, criminal and work history, records and transcripts. I understand that the Lawrence Public Library may verify all data given in my employment application, related papers, or oral interviews. I authorize (1) such investigation, (2) the giving and receiving of any information requested by the Library, and (3) request every person, firm, company, corporation, government agency, association or educational institution having control of any educational, employment, or criminal documents, records or other information pertaining to me, to furnish the same upon request to the Lawrence Public Library.

I hereby release, discharge, and exonerate every person, firm, company, corporation, government agency, association, and educational institution giving or receiving any such information from all liability of every nature and kind arising out of (1) the furnishing, photocopying, or inspection of such documents, records and other information, and (2) the investigation made by the Lawrence Public Library.

I have read and fully understand the terms of this Authorization and Release, and hereby voluntarily agree to the same for the purpose of inducing the Lawrence Public Library to make a thorough investigation of my entire educational, employment, criminal and work history, records and transcripts.

A photocopy of this release form may serve as an original, even though the photocopy does not contain an original writing of my signature.

Applicant's Signature

Date

Applicant's Social Security Number