

RODGERS MEMORIAL LIBRARY

Application for Employment
(Pre-Employment Questionnaire) (An Equal Opportunity Employer)

PERSONAL INFORMATION			
			Date _____
			Social Security Number _____
NAME			
	LAST	FIRST	MIDDLE
PRESENT ADDRESS			
	STREET	CITY	STATE ZIP
PERMANENT ADDRESS			
	STREET	CITY	STATE ZIP
Phone Number _____		Are You 18 Years Or Older? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Are You Either A U.S. Citizen Or An Alien Authorized To Work In The United States? Yes <input type="checkbox"/> No <input type="checkbox"/>			

EMPLOYMENT DESIRED			
Position _____			
		DATE YOU CAN START	SALARY DESIRED
Are You Employed Now? Yes <input type="checkbox"/> No <input type="checkbox"/>		If So, May We Inquire Of Your Present Employer? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Ever Applied To This Company Before? Yes <input type="checkbox"/> No <input type="checkbox"/>		Where?	When?
Referred By _____			

EDUCATION	Name And Location Of School	No. Of Years Attended	Degree	Subjects Studied
Grammar School				
High School				
College				
Post Graduate				
Other (Trade, Certificate, Distance Learning Programs, Etc.)				

GENERAL		
Subjects Of Special Study Or Research Work _____		
Special Skills _____		
Activities (Civic, Athletic, Etc.) _____		
<small>(Exclude Organizations Which Indicate The Race, Creed, Sex, Age, Martial Status, Color, Or Nation Of Origin Of Its Members)</small>		
U.S. Military Service	Rank	Present Membership In National Guard Or Reserves

*The Age Discrimination in Employment Act Of 1997 prohibits discrimination on the basis of age with respect to individuals who are at least 40 years or older.

(CONTINUED ON OTHER SIDE)

FORMER EMPLOYERS (List Below Last Three Employers, Starting With Last One First)				
Date Month And Year	Name And Address Of Employer	Salary	Position	Reason For Leaving
From				
To				
From				
To				
From				
To				
Which Of These Jobs Did You Like Best?				
What Did You Like Most About This Job?				

REFERENCES (Give The Names Of Three Persons Not Related To You, Whom You Have Known At Least One Year)			
Name	Address	Business	Years Acquainted
1)			
2)			
3)			

WORK AVAILABILITY							
	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.
Day							
Evening							

In Case Of Emergency, Notify

NAME	ADDRESS	PHONE NO.

"I certify that the facts contained in this application are true and complete to the 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, 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 prior notice and without cause."

Date _____ Signature _____

DO NOT WRITE BELOW THIS LINE			
Interviewed By	Date		
Remarks			
Neatness		Ability	
Hired? Yes <input type="checkbox"/> No <input type="checkbox"/>	Position	Dept:	
Salary/Wage	Date Reporting To Work		
Approved: 1)	2)	3)	
EMPLOYMENT MANAGER	DEPT. HEAD	GENERAL MANAGER	

This form has been designed to strictly comply with State and Federal fair employment practice laws prohibiting employment discrimination.

(END OF APPLICATION)