

Arrowhead Library System Application for Employment

I. Equal Employment Opportunity

It is the policy of the Arrowhead Library System to provide equal employment opportunity for all, without discrimination on the basis of race, color, creed, religion, national origin, sex, marital status, status with regard to public assistance, disability, sexual orientation, or age.

II. Data Privacy Notice

The information requested on this application is intended to be used by the Library System in determining suitability for employment for the position which you are currently seeking or may seek in the future. You are not legally required to provide any of the information on this form at this time. However, failure to provide complete, accurate information may result in the Library System being unable or unwilling to offer employment to you. With respect to any special accommodations necessary for completing your application or the interview process, the Library System may be unable to provide the necessary accommodations if you do not provide the information in Section IV. The information on this application which is classified as private data under the Minnesota Government Data Practices Act will not be released outside the Library System without your consent except as necessary for tax purposes or as otherwise required by state or federal law.

III. Position Desired

Title of position for which you are applying: _____

Date available to begin employment: _____

IV. Personal Data

Name _____
Last First Middle

Address _____
Street City State Zip

Home Phone _____ Alternate Phone _____

Email Address _____

Are you either a U.S. citizen or legally eligible to hold employment in the United States? Yes _____ No _____

Have you previously worked for the Library System? Yes _____ No _____

If yes, position held/department. _____ When? _____

If yes, under what name may your previous employment records be found? _____

Do you have any special needs that may necessitate accommodations in the application/interview process?

Yes _____ No _____

If yes, please describe the type of accommodation requested. _____

List all other names under which you have been employed or under which your employment or educational records may be found. _____

V. Work/Volunteer Experience

List **all** work and volunteer experience, most recent to be listed first.

Employer Name: _____

Employer Address: _____

Job Title: _____

Job Duties: _____

Dates of Employment (mm/dd/yyyy): _____

Reason for Leaving: _____

V. Work/Volunteer Experience - Cont.

List **all** work and volunteer experience, most recent to be listed first.

Employer Name: _____

Employer Address: _____

Job Title: _____

Job Duties: _____

Dates of Employment (mm/dd/yyyy): _____

Reason for Leaving: _____

Employer Name: _____

Employer Address: _____

Job Title: _____

Job Duties: _____

Dates of Employment (mm/dd/yyyy): _____

Reason for Leaving: _____

Employer Name: _____

Employer Address: _____

Job Title: _____

Job Duties: _____

Dates of Employment (mm/dd/yyyy): _____

Reason for Leaving: _____

Employer Name: _____

Employer Address: _____

Job Title: _____

Job Duties: _____

Dates of Employment (mm/dd/yyyy): _____

Reason for Leaving: _____

VI. Licensure

List current licenses, registration, or certificates relevant to the position for which you are applying.

<u>License/No.</u>	<u>Issued By</u>	<u>Date</u>	<u>Expiration</u>
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

All applicable licenses or certification must be received in the Personnel Office prior to employment commencing. Note: If hired, it is your responsibility to keep a current license on file at all times. Failure to do so may result in immediate discharge from employment.

Have you ever had any applicable license suspended, revoked or has any other action been taken with respect to an applicable license, either in Minnesota or any other state? Yes _____ No _____

If yes, please explain the circumstances.

VII. Education

Include high school and/or institution issuing GED and any additional education/courses taken.
Do not list dates of attendance for high school. List most recent first.

Name of School: _____
Address of School: _____
Degree/Diploma Received: _____
Major/Minor: _____
Dates of Attendance: _____

Name of School: _____
Address of School: _____
Degree/Diploma Received: _____
Major/Minor: _____
Dates of Attendance: _____

Name of School: _____
Address of School: _____
Degree/Diploma Received: _____
Major/Minor: _____
Dates of Attendance: _____

Name of School: _____
Address of School: _____
Degree/Diploma Received: _____
Major/Minor: _____
Dates of Attendance: _____

List/describe any other training and/or experience relevant to the position for which you are applying:

VIII. References

These should be people in a position to discuss your qualifications for the position you seek. Include especially managers, directors, or heads of departments under whom you have worked. Indicate any who are related to you. The Library System reserves the right to contact all prior employers, educational institutions or institutions where you have volunteered in addition to references listed below.

Name of Reference: _____
Address: _____
Phone Number: _____ Title: _____

Name of Reference: _____
Address: _____
Phone Number: _____ Title: _____

Name of Reference: _____
Address: _____
Phone Number: _____ Title: _____

IX. Criminal Background Information

The Library System may conduct a criminal background check on individuals upon making a contingent job offer. Please refer to the job description for this position to determine if such a check will be conducted. If the job description states that a criminal check will be conducted, no offer of employment shall become final until receipt of the results of the criminal background check from the BCA, the content of which is acceptable to the Library System, and formal approval by the appointing authority.

X. Veteran Status

Are you an honorably discharged veteran of the armed forces of the United States or are you otherwise eligible to claim Veteran=s Preference Points? Yes_____ No_____

Do you wish to claim Veteran=s Preference Points? Yes_____ No_____

If you are a disabled veteran and wish to claim additional points, please check here: _____

Proof of applicable military status/eligibility, such as a DD214 form, will be required in order to claim credits. Please attach DD214 form or forward it within five (5) business days.

XI. Certification, Acknowledgment and Release

I **certify** that the answers I have given on this application are true and correct to the best of my knowledge. I understand that any false, or misleading information provided, or any omission, or concealment of facts, will disqualify me from consideration for employment, and constitutes grounds for my immediate dismissal should I be employed by the Library.

I understand, acknowledge and agree that no offer of employment is valid, or binding until formal approval by the Library Board, or the appointing authority referenced in the job description and that until such approval that the Library shall not be liable for any reliance on any oral, or written offers of employment made to me.

In connection with this application **I hereby authorize** any and all current and former employers, organizations where I have volunteered (Avolunteer organizations@) and references named in this application, or any agent of such a former employer, or volunteer organizations, to release to the Library and its agents any and all information regarding my job performance and fitness/qualifications to perform the position I am presently seeking and any other employment, or related information, both public and private, in their possession. I understand that the Library will use this information to determine my fitness/qualifications for the position I am seeking. This authorization expires one year from the date of my signature below.

I hereby release the Library and all former employers, volunteer organizations and references listed herein and any and all agents acting on behalf of said Library, former employers, volunteer organizations, or references, for any and all liability of whatever nature by reason of requesting, or providing such information.

Date_____ Signature _____(Do not print.)