

Southeast Oklahoma Library System

Application for Employment

All applicants must complete this form. A resume, if available, may be attached.

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.

(PLEASE PRINT ALL ANSWERS)

Name of Library: _____ Desired Position: _____ Date: _____

Last Name

First

Middle

Street Address

City

State

Zip

Telephone Number(s)

email address

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

Have you ever filed an application with us before? Yes No

Are you currently employed? Yes No

Do you know of any condition which might prevent you from performing all job requirements? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or immigration status? *Proof of citizenship or immigration status will be required upon employment.* Yes No

Are you available to work: Full time Part Time or Temporary?

Are you currently on "lay-off" status and subject to recall from a current job? Yes No

Can you travel if a work assignment requires it? Yes No

Have you been convicted of a felony within the last 7 years?
Conviction will not necessarily disqualify an applicant from employment. Yes No

If yes, please explain:

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

EMPLOYMENT

Please give accurate, complete full-time and part-time employment record. Start with present or most recent employer.

Company Name: _____ Phone: _____

Address: _____

Month & Year Employed: From _____ To _____ Pay rate: _____ Starting _____ Ending _____

Job Title: _____

Describe your work: _____

Reason for Leaving: _____

Name of Supervisor: _____ May we contact this employer? _____

Company Name: _____ Phone: _____

Address: _____

Month & Year Employed: From _____ To _____ Pay rate: _____ Starting _____ Ending _____

Job Title: _____

Describe your work: _____

Reason for Leaving: _____

Name of Supervisor: _____ May we contact this employer? _____

Company Name: _____ Phone: _____

Address: _____

Month & Year Employed: From _____ To _____ Pay rate: _____ Starting _____ Ending _____

Job Title: _____

Describe your work: _____

Reason for Leaving: _____

Name of Supervisor: _____ May we contact this employer? _____

EDUCATION

School name, location, number of years completed, degree received:

Elementary School: _____

High School: _____

College/University: _____

Graduate/Professional: _____

State any additional information you feel may be helpful to us in considering your application:

List professional, trade, business or civic activities and offices held. *You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, handicap, or other protected status:*

REFERENCES

Give name, address, and telephone number of three references who are not related to you. Indicate how they know you.

1. _____

2. _____

3. _____

Are you physically or otherwise **unable** to perform the duties of the job for which you are applying? ___ Yes ___ No

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand that before employment can be offered to me, I will have to consent to a background check and that information from that check could result in employment not being offered.

This application for employment shall be considered active for a period of time not to exceed 1 year. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant: _____ **Date:** _____

FOR SEOLS ADMINISTRATION DEPARTMENT USE ONLY

Arrange Interview: ___ Yes ___ No

Remarks: _____

Employed: ___ Yes ___ No Date of Employment: _____

Location (Branch): _____

Job Title: _____

Completed by: _____ Date

Name and Title