



APPLICATION FOR EMPLOYMENT

NAME : \_\_\_\_\_
Last First Middle Phone Number

ADDRESS : \_\_\_\_\_
Number Street
City State Zip Code

Position for which you are applying: \_\_\_\_\_

Are you at least 16 years of age? \_\_\_ Yes \_\_\_ No

If hired, can you provide proof of U. S. Citizenship, or the right to work in the United States? \_\_\_ Yes \_\_\_ No

Do you have any immediate relatives working for us? \_\_\_ Yes \_\_\_ No
(Relatives, including grandparent, parent, child, brother, or sister, may not be hired)

Have you ever been convicted of a criminal offense? (A conviction will not necessarily disqualify an applicant.)
\_\_\_ Yes \_\_\_ No If yes, please explain. \_\_\_\_\_

COMMENTS : List any comments or qualifying statements you care to make. \_\_\_\_\_

REFERENCES : List persons known, but not related, to you for at least three years.
Name Business/Personal Relationship Phone Number
1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

APPLICANT'S CERTIFICATION

Please read carefully before signing. If you have questions regarding the following statements, please ask for assistance.

- 1. I understand that any material misrepresentation or deliberate omission of a fact in my application may be justification for refusal of employment, or if employed, may result in termination from employment.
2. I authorize those references and other parties named herein to provide information regarding my qualifications.
3. The Library is an at-will employer. I understand that, if hired, no one has authority to represent a guarantee of employment, and that this employment application does not constitute a contract of employment.
4. I understand that all new employees are required to test free of drugs as a condition of employment, and that failure to do so will be grounds for disqualification.

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_

NOTICE

The Twin Falls Public Library is an Equal Opportunity/Affirmative Action Employer. We do not discriminate on the basis of race, religion, color, gender, age, national origin or disability where the person is able to perform the essential functions of the position.

**EDUCATION AND TRAINING**

High School / Colleges Attended and Location	Major Course of Study	Credit Hours Completed	Type of Degree/Date Received or Grade Completed

**EMPLOYMENT HISTORY**

List the last 10 years of work experience beginning with most recent. Added information may be submitted by attaching a resume.

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<b>Name of Employer</b>		<b>Position</b>			
Address	City	State	Zip	Phone	
Dates Employed	From	To	May we contact?	Yes	No
Was Employment:	Full-time	Part-time	Reason for leaving		
Brief description of duties					

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Brief description of duties					

(Please add another sheet if necessary to represent 10 years of work experience.)