



Durham Public Library

Application For Employment

AN EQUAL OPPORTUNITY EMPLOYER

It is the Durham Public Library's policy to recruit, employ, transfer, retain, promote, layoff, terminate, compensate and otherwise treat any and all employees and job applicants on the basis of merit, qualifications, and competence. This policy shall be applied without regard to any individual's race, color, gender, age, religion, national origin, physical or mental disability, marital status, sexual orientation, or veteran status.

PERSONAL INFORMATION

DATE _____

NAME: (LAST, FIRST, MIDDLE)		Are you a US citizen or legally authorized to work in this country?	
		YES _____ NO _____	
PRESENT OR MAILING ADDRESS:	CITY:	STATE:	ZIP CODE:
PERMANENT ADDRESS:	CITY:	STATE:	ZIP CODE:
PHONE NUMBER: ()	EMAIL ADDRESS:		REFERRED BY:

EMPLOYMENT DESIRED

POSITION:	DATE YOU CAN START:	SALARY DESIRED:
HAVE YOU EVER APPLIED WITH DURHAM PUBLIC LIBRARY BEFORE?	WHERE?	WHEN?

EDUCATION HISTORY

LEVEL OF EDUCATION	NAME & LOCATION OF SCHOOL	YEARS ATTENDED	GRADUATE?	STUDIES OR MAJOR
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS OR OTHER SCHOOL				

GENERAL INFORMATION

SUBJECTS OF SPECIAL STUDY OR SPECIAL TRAINING OR SKILLS, INCLUDING LICENSES AND CERTIFICATIONS:					
US MILITARY EXPERIENCE (YEARS & BRANCH OF SERVICE)		RANK/RATE ATTAINED:		HONORABLE DISCHARGE?	
Have you ever been convicted of or plead no contest to a crime which was not annulled by a court? (Circle one)					
YES NO If yes, explain; this does not automatically exclude you from consideration.					
DRIVER'S LICENSE NUMBER:	STATE:	TYPE:	EXPIRATION DATE:	RESTRICTIONS:	VALID?
					YES NO

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APPLICANT NAME (LAST, FIRST, MIDDLE)

FORMER EMPLOYERS (LIST BELOW LAST FOUR EMPLOYERS, STARTING WITH MOST RECENT/PRESENT EMPLOYER).

DATE MONTH AND YEAR	NAME & ADDRESS OF EMPLOYER	POSITION	LAST SALARY	REASON FOR LEAVING
FROM:				
TO:				
FROM:				
TO:				
FROM:				
TO:				
FROM:				
TO:				

REFERENCES: (PROVIDE THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR)

NAME	ADDRESS	TELEPHONE #	YEARS KNOWN

CERTIFICATION OF STATEMENTS MADE AND AUTHORIZATION FOR RELEASE OF INFORMATION

I certify that the statements on this application are true and complete to the best of my knowledge and I understand that, omissions or misrepresentations may result in the rejection of this application or my discharge.

I authorize the investigation of all statements I have made in this application. I further authorize the individuals I have listed as references and former employers to release to an authorized representative of the Durham Public Library any information regarding my previous employment and other relevant personal or professional information, including access to my personnel file. I hereby release these individuals and organizations from all liability for any damages that may result from the disclosure of such information.

Further, I understand that, if hired, my employment is at will, meaning that it is for no definite period and, regardless of the date of my payment of my wages, may be terminated at any time without any previous notice and for any reason. This application will only be valid for 30 days; thereafter, I understand I will have to complete a new one.

SIGNATURE _____

DATE _____

WITNESS _____

DATE _____

RECEIVED BY: _____

DATE/TIME: _____

APPROVED: _____
DEPARTMENT HEAD DATE_____
TOWN ADMINISTRATOR DATE