

Johnson County Library
Application for Employment

Johnson County Library
171 North Adams Ave.
Buffalo, WY 82834
(307) 684-5546



To the applicant We appreciate your interest in our Library and assure you that we are interested in your qualifications. A clear understanding of your background and work history will aid us hi seeking to place you hi a position, which, in our judgment, best meets your qualifications.

The Johnson County Library is an equal opportunity employer and does not discriminate on the basis of race, color, religion, sex, age, handicap, familial status or national origin and intends to comply with the law.

Position Applied For: _____ Date: _____

Name: _____
Last name First name Middle initial

Address: _____ City _____ State _____ Zip _____

Social security number _____ Phone number _____

Are you 18 years or older? Yes _____ no _____

Are you authorized to work in the United States? Yes _____ no _____

Were you ever employed here? Yes _____ no _____

EDUCATION: Include only the education related to the position for which you are applying.

Years school completed (circle one) 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 +

Name of High School/City/State _____

Colleges attended (Name/Location) Major Credits Degree

ADDITIONAL INFORMATION

Have you ever been fired or asked to resign from any position? Yes _____ No _____

If "yes", please provide detailed information:

Have you ever been convicted of a felony? Yes _____ No _____
 (A conviction may not necessarily disqualify you from employment)

Date of offense City/State Penalties

State any additional information that you feel may be helpful to us in considering your application (You may attach a letter): _____

SPECIALIZED KNOWLEDGE AND SKILLS

	Advanced	Intermediate	Beginner
Keyboard/Typing			
Library systems			
Word processing			
Excel/spreadsheets			
Access/database			
Internet			
Other (social media proficiency, etc.)			

EMPLOYMENT HISTORY

List all work experience for the past 5 years. **Start with current/last employer.**

1	Employer	Dates	Work performed
	Address	From to	
	Job title	Hourly rate	
	Reason for leaving	Starting final	
	Supervisor	Super. Phone no	
2	Employer	Dates	Work performed
	Address	From to	
	Job title	Hourly rate	
	Reason for leaving	Starting final	
	Supervisor	Super. Phone no	
3	Employer	Dates	Work performed
	Address	From to	
	Job title	Hourly rate	

	Reason for leaving	Starting final	
	Supervisor	Super. Phone no	
4	Employer	Dates	Work performed
	Address	From to	
	Job title	Hourly rate	
	Reason for leaving	Starting final	
	Supervisor	Super. Phone no	
5	Employer	Dates	Work performed
	Address	From to	
	Job title	Hourly rate	
	Reason for leaving	Starting final	
	Supervisor	Super. Phone no	

REFERENCES (please include former supervisors or colleagues)

	Name	Company	Phone number	Years acquainted
1				
2				
3				

PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING

I certify that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date.

I understand that the employer may request an investigative consumer report from a consumer reporting agency. This report may include information as to my character, reputation, personal characteristics and mode of living obtained from interviews with neighbors, friends, former employers, schools and others. I understand I have a right to make a written request within a reasonable time for the disclosure of the name and address of the consumer reporting agency so that I may obtain a complete disclosure of the nature and scope of the investigation.

I authorize the investigation of any or all statements contained in this application and also authorize any person, school, current employer (except as previously noted), past employers and organizations named in this application to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements. I understand I may be required to successfully pass a drug screening examination. I hereby consent to a pre- and or post-employment drug screen as a condition of employment if required.

I UNDERSTAND THAT THIS APPLICATION OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE A CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. IF EMPLOYED, I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME WITH OR WITHOUT CAUSE AND WITH OR WITHOUT NOTICE.

I have read and understand, and by my signature consent to these statements.

Signature _____ Date _____