

Custodian / Maintenance Employment Application

Edward U. Demmer Memorial Library

Date:

Personal Information			
Last Name:	First Name:	Middle:	
Address:	City:	State:	Zip:
Phone:		Best time to contact you:	

Employment information
<p>1. Are you employed at this present time? <input type="checkbox"/> Yes <input type="checkbox"/> No Employer's Name: _____ Employer's Address: _____ How long have you been with this employer? _____</p> <p>2. If offered the position, when can you begin work? _____</p> <p>3. If hired, can you show proof of your legal right to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>4. Have you ever been dismissed, or asked to resign from any position? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>5. Have you ever been convicted of a felony, or a misdemeanor which resulted in imprisonment? <input type="checkbox"/> Yes <input type="checkbox"/> No Answering "Yes" to the question does not necessarily disqualify an applicant from employment</p> <p>6. If you answered "Yes" to question 4 or 5, please explain: _____</p> <p>_____</p> <p>_____</p>

Education	
<i>Please list all schools attended and any other pertinent information</i>	
Schools	Subjects studied (if applicable)
High School:	
College (include dates attended):	

Employment Experience			
<i>Please List previous employment experience and relevant volunteer activities</i>			
Employer:	Address:		Phone:
Position Held:	Dates (Start – End):	Reason for Leaving:	
Employer:	Address:		Phone:
Position Held:	Dates (Start – End):	Reason for Leaving:	
Employer:	Address:		Phone:
Position Held:	Dates (Start – End):	Reason for Leaving:	

References			
<i>Please provide 3 references we may contact (please list only one personal reference)</i>			
Name:	Email:	Phone:	Relationship:
Name:	Email:	Phone:	Relationship:
Name:	Email:	Phone:	Relationship:

I certify that all statements made are true and correct to the best of my knowledge. I authorize investigation of all statements herein recorded that may be necessary in arriving at an employment decision. I release from liability all persons and organizations reporting information required by this application. This application for employment shall be considered active for a period not to exceed 45 days.

All applicants consent to a complete background check.

I hereby understand and acknowledge that, unless otherwise defined by applicable law any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization. In the event of employment, I understand that false or misleading information given in my application or interview 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: _____