



# Application for Employment

Garfield County Public Library District

P.O. Box 832, 796 Megan Avenue

Rifle, CO 81650

970-625-4270 (telephone) 970-625-4472 (fax)

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. Garfield County Public Library District EEO Plan is on file in the office of the Asst. Director of Administration; 796 Megan Ave; Rifle, CO 81650.

**(PLEASE PRINT)**

Position(s) Applied For: \_\_\_\_\_

Date of Application: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

## PERSONAL DATA

Last Name:		First Name:		Middle:	
Street Address:			If hired, can you furnish proof you are eligible to work in the U.S.? Yes <input type="checkbox"/> No <input type="checkbox"/>		
City, State, Zip:			Home Phone:		
Are you legally eligible for work in the United States? Yes <input type="checkbox"/> No <input type="checkbox"/>			Cell Phone:		
Have you previously filled out an application with Garfield County Libraries? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, give dates:			E-Mail Address:		
Have you ever been employed by Garfield County Libraries? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, give date:			Are you 18 or older: Yes <input type="checkbox"/> No <input type="checkbox"/>		
Are you interested in? <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary			Date available to start work:		
Indicate the languages you speak: _____ Can you read and/or write the above: _____			Can you travel if this position requires it? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Have you been convicted of a felony within the last 7 years? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please explain: (Conviction will not necessarily disqualify applicant from employment)					
<p>Garfield County Libraries Policy regarding the hiring of relatives is:          In selecting candidates or retaining employees, certain relatives of employees shall not be employed within the same Department or Office, if such employment will result in one person exercising any degree of supervision over the other. This policy shall apply to County employees' spouses, children, grandchildren, parents, parents-in-law, brothers, sisters and brothers- or sisters-in-law.</p> <p>Are any of the above-listed relatives currently working for Garfield County Libraries?          Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please provide name(s):          _____</p>					

## EDUCATION

**Please circle** the highest grade completed    7   8   9   10   11   12   13   14   15   16+

SCHOOL	NAME & LOCATION	COURSE OF STUDY	DEGREE OR DIPLOMA(yes or no)
High			
College			
Graduate			
Other			

## MILITARY

Describe any job-related training received in the United States military:


## SPECIAL SKILLS

Describe any specialized training, apprenticeship, job-related skills and extra-curricular activities: (equipment operated, software programs, professional licenses, etc.)


## PROFESSIONAL OR CIVIC ORGANIZATION MEMBERSHIP

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


## REFERENCES

List 4 professional references, Preferably someone that can give information regarding your employment background.	Name	City, State	Phone	E-mail	Best Time to Call	Occupation
			(   )			
			(   )			
			(   )			
			(   )			

## EMPLOYMENT

(Please give accurate, complete full-time and part-time employment record. Start with present or most recent employer. You may **add** a resume if you wish, but you **must** completely fill out the rest of the application for consideration in hiring.)

Company Name:	Telephone: ( ) -	Employed (month and year): From: To:
Street Address:	City, State, Zip:	Current salary or salary at termination:
Name of Supervisor:	May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>	Hours per week:
State Job Title: _____ Describe Work:		Number that you supervised: Reason for Leaving:

Company Name:	Telephone: ( ) -	Employed (month and year): From: To:
Street Address:	City, State, Zip:	Current salary or salary at termination:
Name of Supervisor:	May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>	Hours per week:
State Job Title: _____ Describe Work:		Number that you supervised: Reason for Leaving:

Company Name:	Telephone: ( ) -	Employed (month and year): From: To:
Street Address:	City, State, Zip:	Current salary or salary at termination:
Name of Supervisor:	May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>	Hours per week:
State Job Title: _____ Describe Work:		Number that you supervised: Reason for Leaving:

Company Name:	Telephone: ( ) -	Employed (month and year): From: To:
Street Address:	City, State, Zip:	Current salary or salary at termination:
Name of Supervisor:	May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>	Hours per week:
State Job Title: _____ Describe Work:		Number that you supervised: Reason for Leaving:

<p>Explain any gaps in employment:</p>
--

AUTHORIZATION AND SIGNATURE

I certify that answers herein are true and complete: furthermore, I understand that misrepresentation or omission of facts in this application or during an interview(s) will be cause for cancellation of consideration for employment or dismissal if employed.

I authorize an inquiry to be made on the information contained in this application, and I understand for some positions this may include a thorough criminal, financial and/or DMV background investigation. Upon written request, the nature and scope of this inquiry will be made available to me. Former employers named herein are authorized to give information regarding me. They are hereby released from all liability for furnishing such information to Garfield County Public Library District.

I understand that employment is contingent upon a favorable evaluation and/or results of any pre-employment requirements necessary to perform the position applied for. This may include a health evaluation form, medical examination, skills testing, aptitude testing, verification of employment or other assessment determined necessary.

This application for employment shall be considered active for a period of time the position applied for is vacant or for 6 months, whichever is longer. Any applicant wishing to be considered for employment beyond this period should reapply.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date