MASSANUTTEN REGIONAL LIBRARY

APPLICATION FOR EMPLOYMENT

174 SOUTH MAIN STREET
HARRISONBURG VA 22801
PHONE 540.434.4475 *FAX* 888.334.5211

BASIC INFORMATION

Position Applied For: _____ Date: _____

Full Name: _____

Address: _____
Street City State Zip Code

Home Phone: (____) _____ Work Phone: (____) _____

Are you legally eligible to work in the U.S.? Yes ☐ No ☐

If you are not a U.S. citizen, are there any restrictions on your eligibility for employment? Yes ☐ No ☐

If yes, please explain.

If employed and under 16, can you furnish a work permit? Yes ☐ No ☐

EDUCATION

Select the highest grade you completed: 1 2 3 4 5 6 7 8 9 10 11 12

Name and location of last high school attended:
_____

Did you graduate? Yes ☐ No ☐ If not, do you have a G.E.D.? Yes ☐ No ☐

Select the number of years of post-high school education completed: 1 2 3 4 5 6 7

College Name & Location	Date Graduated	Degree Earned	Major Area(s) of Study

List special skills and qualifications here:

WORK EXPERIENCE

Please list complete information on your three most recent jobs. You may attach a resume or a separate sheet with additional employment information if you wish.

Employer: _____ Dates Worked: From _____ To _____

Address: _____ Phone: (_____) _____ #Hours/Week _____

Job Title: _____ Starting Salary: _____ Current Salary: _____

Supervisor's Name: _____ Reason for leaving: _____

Describe your duties:

Employer: _____ Dates Worked: From _____ To _____

Address: _____ Phone: (_____) _____ #Hours/Week _____

Job Title: _____ Starting Salary: _____ Current Salary: _____

Supervisor's Name: _____ Reason for leaving: _____

Describe your duties:

Employer: _____ Dates Worked: From _____ To _____

Address: _____ Phone: (_____) _____ #Hours/Week _____

Job Title: _____ Starting Salary: _____ Current Salary: _____

Supervisor's Name: _____ Reason for leaving: _____

Describe your duties:

FURTHER INFORMATION

During the last seven years, have you been convicted of a felony? Yes ☐ No ☐
If yes, explain.

(A conviction will not necessarily automatically disqualify you for employment. Rather, such factors as age and date of conviction, seriousness in nature of the crime, and rehabilitation will be considered.)

Have you ever served in the military? Yes ☐ No ☐

If yes, Branch: _____ Date Entered: _____ Date Discharged: _____

What date would you be available to begin work? _____

May we conduct a background check of your qualifications, character and record of employment? Yes ☐ No ☐
If no, please explain.

PERSONAL REFERENCES

Please list the names and phone numbers of three references.

Name & Title	Phone Number

CERTIFICATION

This statement MUST be signed.

I certify that all of the statements made in this application are true and complete to the best of my knowledge. I understand that a false or incomplete answer may be grounds for not employing me, or for dismissing me after I have begun work. I waive all rights I might have against a previous employer who provides references and/or records concerning my employment history. I understand that certain positions I may be required to successfully complete a physical examination and/or alcohol and drug test. I understand that my driving record may be checked as well as my fingerprints and police record if I am employed in a sensitive job.

_____ _____
Signature Date