

APPLICATION FOR EMPLOYMENT



Position available:

Applicants are considered for all positions without regard to race, color, religion, creed, gender, national origin, disability, marital status or veteran status. If you need assistance or reasonable accommodation during the application process call (417) 448-2770.

If you are selected to participate in the interview process, you will be contacted. Please do not call to inquire.

PERSONAL	Last name	First	Middle	Date
	Street address			Home phone ()
	City, State, Zip			Business phone ()
	E-mail address			Cell phone ()
	Position desired			Other phone ()
	How did you find out about this job opening?			
	Are you legally eligible for employment in the United States <input type="checkbox"/> Yes <input type="checkbox"/> No			
	Do you have relative(s) working for the Library or on the Library Board ? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list name and relationship _____			Pay expected

EDUCATION	School	Name and location of school	Course of Study	Number of years completed	Did you graduate?	Degree or diploma
	High School				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Business/ Trade/ Technical				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	College				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Graduate Level				<input type="checkbox"/> Yes <input type="checkbox"/> No	

AVAILABILITY	Do you prefer part-time or full-time work? <input type="checkbox"/> Part-time <input type="checkbox"/> Full-time Number of hours desired per week _____							
	When will you be able to begin work? _____							
	Total hours available per week: _____							
	Hours available each day:							
		Mon	Tu	Wed	Th	Fri	Sat	Sun
From								
To								

EMPLOYMENT

Please give accurate, complete full-time and part-time employment records.
 Start with your present or most recent employer.

NOTE: Your application will not be considered unless every question about each employer that you list is answered. A resume may be attached but will NOT be accepted in lieu of completing the questions in this section.

1	Company name	Telephone ()
	Address	Employed (State month and year) From To
	Name of supervisor	Hourly pay Start Last
	State job title and describe your work -----	Reason for leaving

2	Company name	Telephone ()
	Address	Employed (State month and year) From To
	Name of supervisor	Hourly pay Start Last
	State job title and describe your work -----	Reason for leaving

3	Company name	Telephone ()
	Address	Employed (State month and year) From To
	Name of supervisor	Hourly pay Start Last
	State job title and describe your work -----	Reason for leaving

We may contact the employers listed above unless you indicated those you do not want us to contact.	DO NOT CONTACT Employer number(s) _____ Reason _____ _____
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O-T-H-E-R	In this space, detail any additional information that you deem relevant to the position for which you are applying.
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SKILLS

Circle all that apply to your current skills.

Keyboarding -----	Use daily	Use occasionally	Have not used
Google Chrome -----	Use daily	Use occasionally	Have not used
Word -----	Use daily	Use occasionally	Have not used
Excel -----	Use daily	Use occasionally	Have not used
Powerpoint -----	Use daily	Use occasionally	Have not used
Canva -----	Use daily	Use occasionally	Have not used
E-mail -----	Use daily	Use occasionally	Have not used
Data Entry -----	Use daily	Use occasionally	Have not used
Internet Search Engines -----	Use daily	Use occasionally	Have not used
ILS/Library Circulation Software -	Use daily	Use occasionally	Have not used
STEM / Robotics -----	Use daily	Use occasionally	Have not used
Other _____			

List other skills/qualifications:

Membership in professional or civic organizations

(Exclude those which may disclose your race, color, disability, religion or national origin)

MILITARY

Did you serve in the U.S. Armed Forces? Yes No

If yes, in what Branch?

Describe any training received relevant to the position for which you are applying.

Have you used any names other than previously stated? Yes No

If yes, list them.

Have you been convicted of or served time for a felony in the past seven years? Yes No

If yes, describe below. (This information will be reviewed for job relatedness and time since last conviction.)

WHEN	CITY/STATE	CHARGE
1.		
2.		

SECURITY

Name -----
 LAST -----
 FIRST -----
 MIDDLE -----
 Address -----
 STREET -----
 CITY -----
 STATE -----
 ZIP -----
 Phone -----
 PRIMARY -----
 Date -----

**Do not include family members or friends if possible.
List only references who have knowledge of your work habits and skills.**

Name _____ Phone _____
Daytime Contact #

Relationship _____ Title _____

Name _____ Phone _____
Daytime Contact #

Relationship _____ Title _____

Name _____ Phone _____
Daytime Contact #

Relationship _____ Title _____

Have you read and understood a listing of the essential functions for this job? Yes No

Are you capable of performing the essential functions involved in this job or occupation,
with or without reasonable accommodation? Yes No

PLEASE READ CAREFULLY AND SIGN

If you are hired by the library, you will be required to attest to your identity and employment eligibility and to present documents confirming your identity and employment eligibility.
You can not be hired if you cannot comply with these requirements.

I certify that the above statements are correct. I understand that any false information (or omissions) in this application, or its supporting documents, will be sufficient grounds for refusal to hire or termination without notice.

I understand that the Nevada Public Library has the right to review my education, previous employment, social media platforms, and other resources that provide background information in order to arrive at an employment decision.

I hereby understand 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 the Employee at any time with or without cause.

If the Library decides to engage an investigative consumer reporting agency to perform customary reference checks, I authorize the Library to do so. I release my former employers and the Nevada Public Library from any liability incurred from information obtained.

If I am offered employment, I agree to submit to a medical examination and/or drug test, if asked before starting work. NPL is a drug-free workplace and employees of NPL agree to submit to drug screening as requested by the Director or designee as permitted by law. I authorize the results of my pre-employment examination or testing be disclosed by the examining practitioner. The results will remain confidential and segregated from my personnel file. I understand that my employment, or continued employment, to the extend of the law is contingent upon satisfactory medical examinations and drug testing, and if I am hired, a condition of my employment will be that I abide by the NPL's Drugfree Workplace policy.

Applicant's Signature

Date

NOTICE OF NONDISCRIMINATION – Nevada Public Library does not discriminate on the basis of race, color, religion, national origin, ancestry, sex, age, disability, status as a disabled veteran or other protected status.