

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.

Applications are retained for 90 days.

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 ☐ Yes ☐ No			
	Do you have relative(s) working for the Library or on the Library Board ? ☐ Yes ☐ 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? ☐ Yes ☐ No	Degree or diploma
	High School				☐ Yes ☐ No	
	Business/ Trade/ Technical				☐ Yes ☐ No	
	College				☐ Yes ☐ No	
	Graduate Level				☐ Yes ☐ No	

AVAILABILITY	Do you prefer part-time or full-time work? ☐ Part-time ☐ 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 _____

OTHER	In this space, detail any additional information that you deem relevant to the position for which you are applying.

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 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

Date

Address

STREET

CITY

STATE

ZIP

Phone

PRIMARY

**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

Employment Eligibility: If hired, you will be required to complete Form I-9 and provide documentation establishing your identity and authorization to work in the United States, as required by federal law.

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.

The Library may verify information provided in this application and may review publicly available information relevant to employment qualifications, consistent with applicable federal and state law.

At-Will Employment: Unless otherwise provided by applicable law or a written employment agreement, employment with the Nevada Public Library is at will. This means that either the employee or the Library may terminate the employment relationship at any time, with or without cause or advance notice, subject to applicable law.

Drug-Free Workplace: NPL maintains a drug-free workplace. Employees and applicants may be required to undergo drug and/or alcohol testing when authorized by NPL policy and applicable law, including pre-employment, reasonable-suspicion, post-accident, or other testing authorized by law and NPL policy.
Testing will be conducted in accordance with applicable law and established testing procedures.

Applicant's Signature

Date