



**Application for Employment**  
 An Equal Opportunity Employer | CommunityLibrary.Net

To be considered an applicant, you must complete this form. A resumé may also be attached. Each question should be fully and accurately answered. No action can be taken on this application until all questions have been answered. Use blank paper if need. Submit the application and documents online to Jobs@communitylibrary.net or drop the materials off at your local library.

The Community Library Network does not discriminate on the basis of disability in its programs, services, activities or employment practices. The Library Network has a policy on ADA compliance and the complete policy is available for review upon request. In addition, a grievance procedure is available to resolve complaints.

**Personal Information**

_____	_____	_____	_____
Last Name	First Name	Middle Name	Other Names
_____	_____	_____	_____
Street Address	City	State	Zip
_____	_____	_____	_____
Home Telephone	Cell Phone	Message Phone	
_____			
Email Address			

**Position Applying For**

Job Title \_\_\_\_\_ Location \_\_\_\_\_ Date \_\_\_\_\_

Do you have a valid driver's license?    Yes    No    State \_\_\_\_\_

Are you applying for    FT    PT    TEMP    Are you willing to work:    Days    Evenings    Weekends

May we contact your current employer?    Yes    No    Can you travel if your job requires it?    Yes    No

**Education/Training**

	School Name	Location	Diploma/Degree/Major	Graduate Y/N
High School	_____	_____	_____	_____
College	_____	_____	_____	_____
College	_____	_____	_____	_____
Other	_____	_____	_____	_____
Certificates	_____			
Professional License	_____			

Additional professional education/training:

Today's Date \_\_\_\_\_

**Employment History (most recent first)**

Employer \_\_\_\_\_ Job Title \_\_\_\_\_  
Address \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Supervisor's Name \_\_\_\_\_ Phone \_\_\_\_\_  
Date From \_\_\_\_\_ Date To \_\_\_\_\_  
Primary Duties \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

**Employment History**

Employer \_\_\_\_\_ Job Title \_\_\_\_\_  
Address \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Supervisor's Name \_\_\_\_\_ Phone \_\_\_\_\_  
Date From \_\_\_\_\_ Date To \_\_\_\_\_  
Primary Duties \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

**Employment History**

Employer \_\_\_\_\_ Job Title \_\_\_\_\_  
Address \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Supervisor's Name \_\_\_\_\_ Phone \_\_\_\_\_  
Date From \_\_\_\_\_ Date To \_\_\_\_\_  
Primary Duties \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

**Office Skills**

Microsoft Office Suite: Yes No eMail: Yes No Copier: Yes No

Other Software: \_\_\_\_\_

**Technology Skills**

Facebook: Yes No Instagram: Yes No Twitter: Yes No

YouTube: Yes No Other Social Networking Skills: \_\_\_\_\_

Experience in downloading: eBooks Audio Books eMusic eMagazines

Database Searching (brief description) \_\_\_\_\_

Today's Date \_\_\_\_\_

### Personal Reference

_____	_____	_____
Last Name	First Name	Middle Name
_____	_____	_____
Street Address	City	State      Zip
_____	_____	_____
Telephone with area code	Relationship to you	Occupation

### Personal Reference

_____	_____	_____
Last Name	First Name	Middle Name
_____	_____	_____
Street Address	City	State      Zip
_____	_____	_____
Telephone with area code	Relationship to you	Occupation

### Personal Reference

_____	_____	_____
Last Name	First Name	Middle Name
_____	_____	_____
Street Address	City	State      Zip
_____	_____	_____
Telephone with area code	Relationship to you	Occupation

### Other

Are you related by blood or marriage to any person now employed by Employer?    Yes    No

If yes, give name and relationship to you: \_\_\_\_\_

Today's Date \_\_\_\_\_

## Military and Veteran's Preference

If you are NOT claiming Veteran's Preference, please initial here \_\_\_\_\_.

Per Idaho Code, Title 65, Chapter 5, Employer will afford a preference to employment of veterans. In the event of equal qualifications and experience between candidates for an available position, a veteran who qualifies will be preferred. If claiming veteran's preference, please complete the information below and attach a copy of your DD-214 to this application.

Are you a veteran or family member who qualifies for and are claiming preference pursuant to Idaho Code § 65-503 or its successor? If Yes, fill out Veteran's Preference Form (p.4) and attach documentation. Yes No

Have you previously claimed such preference? Yes No

(Reference Idaho Code, Title 65, Chapter 5, and 5 U.S.C. § 2108)

The term "active duty" means full-time duty in the Armed Forces, but NOT active duty for training.

### Part 1. Preference Eligible Veterans:

I have a service-connected disability of 10% or more.

I am the spouse of an eligible disabled veteran, who has a service-connected disability.

I am the widow or widower of an eligible veteran and have remained unmarried.

I do not meet any of the selections above, but I served on active duty in the armed forces of the United States for a period of more than one-hundred eighty (180) days and was honorably discharged.

### Part 2. Documentation & Signature:

By my signature, I certify that all statements on this form are true and complete to the best of my knowledge. I understand that should an investigation disclose inaccurate or misleading answers, my application may be rejected and my name removed from consideration for employment with Employer.

I have attached a copy of my DD-214. Veteran's preference will not be considered without this document .

Your submission online will be accepted as a signed application and you will be asked for to sign the application if accepted for an interview I understand my submission online constitutes my signature. Yes No Date: \_\_\_\_\_

Name (Please Print) \_\_\_\_\_ Signature \_\_\_\_\_ Date: \_\_\_\_\_

## Certification

I certify that all answers and statements on this application are true and complete to the best of my knowledge. I understand that should an investigation disclose untruthful or misleading answers, my application may be rejected, my name removed from consideration, or my employment may be terminated. Your submission online will be accepted as a signed application and you will be asked to sign the application if accepted for an interview.

I understand and agree that, if hired, my employment is for no definite period and either Employer or I may terminate our relationship at any time, and that this employment application does not constitute an employment contract.

I understand my submission online constitutes my signature. Yes No Date: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_