



## Johnson County Library

171 North Adams Ave.

Buffalo, WY 82834

(307) 684-5546

www.jclwyo.org

### Employment Application

Thank you for your interest in the Johnson County Library. We value the opportunity to review your qualifications, background, and work history. The Johnson County Library is an equal opportunity employer. We are committed to providing fair and equitable employment practices and do not discriminate on the basis of race, color, religion, sex, age, disability, familial status, national origin, or any other characteristic protected by applicable law. We strive to maintain compliance with all relevant federal, state, and local employment regulations.

#### Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Phone: \_\_\_\_\_ Email \_\_\_\_\_

Date Available: \_\_\_\_\_

Position Applying for: \_\_\_\_\_

Are you authorized to work in the United States? YES ☐ NO ☐ Are you age 18 or older? YES ☐ NO ☐

Have you ever worked for this company? YES ☐ NO ☐ If yes, when? \_\_\_\_\_

Have you ever been fired or asked to resign from any position? YES ☐ NO ☐

If yes, explain: \_\_\_\_\_

#### Education

Highest level of education completed: \_\_\_\_\_

Degrees or certificates received: \_\_\_\_\_

Schools or institutions attended: \_\_\_\_\_

What was your major or area of study? \_\_\_\_\_

#### References

Please list three professional references.

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

#### Previous Employment

Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Job Title: \_\_\_\_\_  
Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES ☐ NO ☐

Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Job Title: \_\_\_\_\_  
Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES ☐ NO ☐

Please attach additional employment history.

#### Disclaimer and Signature

I certify that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date.

I understand that the employer may request an investigative consumer report from a consumer reporting agency. This report may include information as to my character, reputation, personal characteristics and mode of living obtained from interviews with neighbors, friends, former employers, schools and others. I understand I have a right to make a written request within a reasonable time for the disclosure of the name and address of the consumer reporting agency so that I may obtain a complete disclosure of the nature and scope of the investigation.

I authorize the investigation of any or all statements contained in this application and also authorize any person, school, current employer (except as previously noted), past employers and organizations named in this application to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements. I understand I may be required to successfully pass a drug screening examination. I hereby consent to a pre- and or post-employment drug screen as a condition of employment if required.

I understand that this application or subsequent employment does not create a contract of employment nor guarantee employment for any definite period of time. If employed, I understand that I have been hired at the will of the employer and my employment may be terminated at any time with or without cause and with or without notice. I have read and understand, and by my signature consent to these statements.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_