



It's your library
Check it out!

Lassen Library District

EMPLOYMENT APPLICATION

We are an Affirmative Action / Equal Opportunity Employer

Title of Position Applied for:

Last Name: First Name: Initial: Phone # (Home):

Street Address or P.O. Box #: City: State & ZIP: Phone # (Business):

List other names under which you have been employed: Social Security # (optional):

Are you a U.S. Citizen? Yes _____ No _____

Federal law requires you to provide legal documentation permitting you to work at the time of hire.

Were you ever discharged from or forced to resign a position? Yes _____ No _____

If Yes, use this space, and additional pages if necessary, to explain the circumstances.

Certifications / Licenses: for professional or vocational competence

Type	State of Issue	Date Issued	Date Expired

Language Skills: List languages other than English you can speak, read and/or write and how well you can do so.

Office Equipment Skills

Rate your skill level in these areas	No Skills	Novice	Intermediate	Expert
Word processing				
Spreadsheet				
Presentation Graphics/Desktop Publishing				
Data base applications				
Internet Browser				
E-Mail				
Computer networking, switches, hubs, routers				
Computer configuration and repair				

Typing speed _____ wpm

What other software applications have you used?

EDUCATION

Do you have a high school diploma or G.E.D. Certificate? Yes ____ No ____

Name and location of colleges/universities attended; major(s) and degree(s) awarded:

EXPERIENCE: Begin with your latest position and list all employment during the past 5 years, including U.S. military service, self-employment, and appropriate volunteer work. Attach additional sheets, if necessary. COMPLETE THIS SECTION EVEN IF SUBMITTING A RESUME.

Job title and Duties:

Employer & Address:

Phone #:

Supervisor:

Hours per week _____ Paid _____ Volunteer _____ From: _____ To: _____

Reason for leaving:

Job title and Duties:

Employer & Address:

Phone #:

Supervisor:

Hours per week _____ Paid _____ Volunteer _____ From: _____ To: _____

Reason for leaving:

Job title and Duties:

Employer & Address:

Phone #:

Supervisor:

Hours per week _____ Paid _____ Volunteer _____ From: _____ To: _____

Reason for leaving:

Certificate of Applicant
(Read carefully before signing)

I certify that all statements made in this application are true and complete to the best of my knowledge and belief. I authorize investigation of all matters contained in this application. I agree and understand any misstatements or omissions of material fact on this application may be cause for forfeiture on my part of all rights of employment with Lassen Library District. I further agree to be fingerprinted, or to submit to any other employment related examination as specified, and to furnish such proof of meeting the conditions of employment as may be required. In addition, I agree, if requested, to submit to a complete medical examination after an offer of employment has been made.

Signature: _____ **Date:** _____