

**Lower Umpqua Library District**  
**EMPLOYMENT APPLICATION**  
 (Confidential when filled in)

Thank you for considering the Lower Umpqua Library District in your job search. The Lower Umpqua Library District is an equal employment opportunity employer and does not discriminate on the basis of sex, age, race, color, religion, national origin, mental or physical disability, marital status or military service. No application will be rejected as a result of a disability that, with reasonable accommodation, does not prevent performance of the essential job duties.

**CONFIDENTIAL**

**Please complete by printing in dark ink, complete all questions and sign your initials and name on the last page where indicated.**

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

**PERSONAL INFORMATION**

Last name	First name	MI	Nick Name	
Street address	City		State	Zip Code
Home phone number	Work phone number	Cell Phone Number	Date you can begin	
E-mail address		Position applied for		

**Level and Type Of education:**

High School Name	Address	City	State
Last year Completed High school <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12			

Did you graduate?  yes  no  Diploma  GED

College or University Degree:

College/University	Address	City	State	Zip Code	Degree
College/University	Address	City	State	Zip Code	Degree

Other schools:

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Certificate or License: \_\_\_\_\_

**Special skills**

Software applications:

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## EMPLOYMENT RECORD

Please list your most recent jobs first. Include military service as part of your employment record. If you have a resume, please attach it to this form.

\_\_\_\_\_  
Employer                      Address                      City                      State      Zip Code

\_\_\_\_\_  
Telephone Number                      Supervisor's Name

Job Title \_\_\_\_\_

Dates of Employment (month and year) From: \_\_\_\_\_ To: \_\_\_\_\_

Essential Job Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

\_\_\_\_\_  
Employer                      Address                      City                      State      Zip Code

\_\_\_\_\_  
Telephone Number                      Supervisor's Name

Job Title \_\_\_\_\_

Dates of Employment (month and year) From: \_\_\_\_\_ To: \_\_\_\_\_

Essential Job Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

\_\_\_\_\_  
Employer                      Address                      City                      State      Zip Code

\_\_\_\_\_  
Telephone Number                      Supervisor's Name

Job Title \_\_\_\_\_

Dates of Employment (month and year) From: \_\_\_\_\_ To: \_\_\_\_\_

Essential Job Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

\_\_\_\_\_  
Employer                      Address                      City                      State      Zip Code

\_\_\_\_\_  
Telephone Number                      Supervisor's Name

Job Title \_\_\_\_\_

Dates of Employment (month and year) From: \_\_\_\_\_ To: \_\_\_\_\_

Essential Job Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

**GENERAL INFORMATION**

May we contact your present employer?  yes  no

Do you have the legal right to work in the United States? (If hired, you will be required to provide identification to prove eligibility for employment)  yes  no

Have you been employed or attended school using any other name? If yes,  yes  no please indicate names previously used:

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Do you have any employment restrictions resulting from a non-compete or confidentiality agreement? If yes, please explain:  yes  no

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Do you have a valid driver’s license?  yes  no

**ADDITIONAL INFORMATION:**

Please use the space provided to list any additional employers, periods of time not worked, or any other information that you believe we should know in considering your application for employment.

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**Please read carefully, initial each paragraph and sign below:**

\_\_\_\_ I certify that I have answered the above questions truthfully and have not withheld any information relative to my application. I understand that any falsification, misrepresentation, or omission, as well as any misleading statements or omissions of the application information, attachments, and supporting documents generally will result in denial of employment or immediate termination, if discovered after hire.

\_\_\_\_ I authorize the Lower Umpqua Library District to thoroughly investigate my references, work record, education and other matters related to my suitability for employment, and further authorize the references I have listed to disclose to the company any and all letters, reports, and other information related to my work records, without giving me prior notice of such disclosure. In addition, I release Lower Umpqua Library District, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

\_\_\_\_\_ I authorize Lower Umpqua Library District to investigate whether I have a criminal record of convictions, and, if so, the nature of such convictions and all the surrounding circumstances of the conviction. Lower Umpqua Library District has advised me that any criminal background check will focus on convictions, and that a criminal record will not necessarily disqualify me from employment.

\_\_\_\_\_ If hired, I recognize the rules and policies of Lower Umpqua Library District. I understand that my employment and compensation can be terminated at any time, with or without cause, and with or without notice, at the option of Lower Umpqua Library District or myself. I understand that the District Manager of the Lower Umpqua Library District is the only person who will ever have the authority to create any other terms of employment and/or to enter into any employment contract and that all such contracts must be in writing and signed by both parties. However, I also understand that unless otherwise stated in an employment contract, the Lower Umpqua Library District may change, withdraw and interpret other policies (including wages, hours and working conditions) as it deems appropriate.

\_\_\_\_\_ I understand and acknowledge that I may be required to submit to a physical examination, including drug test. Additionally, I hereby authorize the release of the results of such an examination to Lower Umpqua Library District for their use in evaluating my suitability for employment. Further, I release the examining facility and the Lower Umpqua Library District from any and all liability, and from any damage that may result from the release of such information.

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**Date**

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**Signature**

(Supplement to Employment Application)

Note: Important Information to Know before Filling out An Application for Employment with Lower Umpqua Library District.

1. All areas of the application must be filled out completely and accurately. Please fill in the required information directly on the application and do not indicate “see resume”.
2. If you are offered a position with Lower Umpqua Library District, be aware that we may verify all of the information that you have written on the application, as well as your resume. If there is a discrepancy in your information, the job offer may be withdrawn. It is important to be sure that what you have written is correct.
3. If you have any questions about completing the application, it is important to please ask the Lower Umpqua Library District representative who has been assisting you.

Thank you for your cooperation.

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**Applicant Acknowledgement**

My signature below indicates that I have read and understand the importance of supplying accurate information on the application. I am also aware of the possibility of an offer of employment being withdrawn if any of the information is not correct.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date