|  |  |
| --- | --- |
| Heading | Application for Employment  (an equal opportunity employer) |

# It is the policy of the City of Texarkana, Texas, not to discriminate in its employment and personnel practices because of a person’s race, color, creed, religion, sex, national origin, or disability status. This application or any attachments thereto become part of the Texarkana Public Library records and will not be returned.

# Employment Application (Please type or print with ink)

## Applicant Information

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Full Name: |  |  | | | |  | Date: |  | | |
|  | Last | First | | | | M.I. |  |  | | |
| Address: |  | | | | | | | |  | |
|  | Street Address | | | | | | | | Apartment/Unit # | |
|  |  | | | | |  | | |  | |
|  | City | | | | | State | | | ZIP Code | |
| Phone: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Email: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |
|  | | | | |  | | | | | |
| Social Security No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Do you have a valid driver’s license? \_\_\_\_\_\_ Driver’s license number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State \_\_\_\_\_\_\_\_\_ | | | | | | | | | |  |
| Position applying for: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | |  |
| How did you learn about this position vacancy? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | |  |

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| Date Available: |  | Desired Salary: | | | $ | |
| Are you a citizen of the United States? | | | YES | NO | | If no, are you authorized to work in the U.S.? | | YES | NO |

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| Have you ever applied to this Library before? | YES | NO | If yes, when? | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Do you have any relatives employed by the Library, related to any Library Commissioners, the two City managers, or either City Board of Directors or City Council Members? | YES | NO | If yes, whom? |  |

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| Have you ever been convicted of a felony? | YES | NO | If yes, explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
|  | | | |  |

## Education

|  |  |  |  |
| --- | --- | --- | --- |
| High School: |  | Address: |  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| From: |  | To: |  | Did you graduate? | YES | NO | Diploma: |  |

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| --- | --- | --- | --- |
| College: |  | Address: |  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| From: |  | To: |  | Did you graduate? | YES | NO | Degree: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Graduate School: |  | Address: |  |

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| From: |  | To: |  | Did you graduate? | YES | NO | Degree: |  |

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| --- | --- | --- | --- |
| Other: |  | Address: |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| From: |  | To: |  | Did you graduate? | YES | NO | Degree: |  |

## Skills

Subjects of special study, research work, special training, certificates, etc.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Calculator: Y/N \_\_\_\_\_ PC: Y/N \_\_\_\_\_ Typewriter: Y/N \_\_\_\_\_ Heavy machinery: Y/N \_\_\_\_\_ Social Media: Y/N \_\_\_\_\_

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Previous Employment

Give complete employment history. Begin with last or present employer. Attach additional sheets if needed.

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| --- | --- | --- | --- | --- |
| Employer: |  | Phone: |  |  |
| Address: |  | Supervisor: |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Job Title: |  |  |  | Salary: | $ |

|  |  |
| --- | --- |
| Responsibilities: |  |

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| --- | --- | --- | --- | --- | --- |
| From: |  | To: |  | Reason for Leaving: |  |

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

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| --- | --- | --- | --- |
| Employer: |  | Phone: |  |
| Address: |  | Supervisor: |  |

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| --- | --- | --- | --- | --- | --- |
| Job Title: |  |  |  | Salary: | $ |

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| Responsibilities: |  |

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| --- | --- | --- | --- | --- | --- |
| From: |  | To: |  | Reason for Leaving: |  |

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| --- | --- | --- | --- |
| May we contact your previous supervisor for a reference? | YES | NO |  |
|  |  |  |  |
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| --- | --- | --- | --- |
| Employer: |  | Phone: |  |
| Address: |  | Supervisor: |  |

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| --- | --- | --- | --- | --- | --- |
| Job Title: |  |  |  | Salary: | $ |

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| Responsibilities: |  |

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| --- | --- | --- | --- | --- | --- | --- | --- |
| From: |  | To: |  | Reason for Leaving: | | |  |
| May we contact your previous supervisor for a reference? | | | | | YES | NO |  |
|  | | | | |  |  |  |
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| --- | --- | --- | --- |
| Employer: |  | Phone: |  |
| Address: |  | Supervisor: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Job Title: |  | : |  | Salary: | $ |

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| Responsibilities: |  |

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| --- | --- | --- | --- | --- | --- | --- | --- |
| From: |  | To: |  | Reason for Leaving: | | |  |
| May we contact your previous supervisor for a reference? | | | | | YES | NO |  |

## Military Service

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| --- | --- | --- | --- | --- | --- |
| Branch: |  | From: |  | To: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Rank at Discharge: |  | Type of Discharge: |  |

|  |  |
| --- | --- |
| If other than honorable, explain: |  |
|  |  |
| Are you, at present, a member of a reserve unit? |  |

## References

Please list three professional references.

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name: |  | Relationship: |  |
| Company: |  | Phone: |  |
| Address: |  |  |  |
|  |  |  |  |
| Full Name: |  | Relationship: |  |
| Company: |  | Phone: |  |
| Address: |  |  |  |
|  |  |  |  |
| Full Name: |  | Relationship: |  |
| Company: |  | Phone: |  |
| Address: |  |  |  |

## Waiver and Signature

“I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that any misrepresentation by me in this application will be sufficient cause for cancellation of this application or, if employed, falsified or misrepresented statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise and release all parties from all liability for any damage that may result from furnishing such information to the Texarkana Public Library or any person acting in its behalf.

I understand that I will be required to satisfactorily complete a post-offer physical, including a drug screen, as well as a six (6) month probationary period.

In the event of employment, I understand that I am required to abide by all rules and regulations of the Library. I further understand that just as I am free to resign at any time, the Texarkana Public Library reserves the right to terminate my employment at any time, with or without cause and without prior notice. I understand that no representative of the Texarkana Public Library has the authority to make any assurances to the contrary.

As an equal opportunity employer, the Texarkana Public Library does not discriminate in employment and no question on this application is used for the purpose of limiting or excluding any consideration of an applicant for employment on a basis prohibited by local, state, or federal law. This application is current only until the present position vacancy has been filled. At the conclusion of this time, if I have not heard from the library and still wish to be considered for employment, it will be necessary for me to fill out a new application each time a vacant position occurs.”

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| Signature: |  | Date: |  |

## Do Not Write Below This Line

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Interviewed by Date

Comments:

Hired Y/N \_\_\_\_\_\_\_\_\_\_\_ Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Salary \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Start Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Approved by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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