UPPER SANDUSKY COMMUNITY LIBRARY

APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

Last Name	First Name		Middle Initial		Social Security Number:		
Street Address	City/State Z		Zip Code		Phone Nu	Phone Number:	
If hired, can you provide evidence of legal eligibility to work in the U.S.?				Any offer of employment is conditioned upon completing form I-9 and providing the appropriate documents for identity and work authorization.			
Position Desired:	Wage/Salary Desired:		E-mai	E-mail address:			
Date you can begin work?	Are you 1	8 years of age or ol	der?	If under 18 years of age, you will be required to submit a birth certificate or work certificate as required by California or federal law.			
Name of high school attended:		City & State		Graduate?	GED?		
Name of college or technical school:		City & State		Graduate?	Degree?	Major:	
Are you presently enrolled	If yes, give name & address of school and expected degree date:						
List any job-related skills	or accomplis	hments including a	military s	ervice:			
Elst uny job related skins v	or ucc ompile	imients, meraanig i	initiary s	ci vicc.			
		- Your Availal	oility For	Work -			
Are you interested in:	Full-time: 40 hrs/wk 30-40 hrs/wk		Part-time: 20-30 hrs/wk Fewer than 20 hrs/wk		work	Service Staff generally one evening per week d rotate Saturdays	
Do you have any special n	eeds or cons	iderations for a wor	rk schedu	le?	,		
This employment applic the Library reserves the background check and to inquiry or background co individualized assessme	right to male condition heck. In eva	ce inquiry into the any offer of empl aluating an application	e application appl	nt's criminal in the information the information in the information in the information in the interest of the	record, to cation obtains the Library	conduct a criminal ned from any such	

- Give Three References That Are Not Former Employers Who We May Contact -						
Name and Occupation	How do you know them, and for how long?	Phone Number				

Your Employment History
List names of employers with present or last employer listed first.

Name of Employer:	Job Title: Duties:
Address:	Dates of Employment: From: To:
City, State, Zip Code	Hourly pay or salary: Starting pay: Ending pay:
Supervisor: Telephone:	Reason for Leaving:
May we contact prior to job offer?	
Name of Employer:	Job Title: Duties:
Address:	Dates of Employment: From: To:
City, State, Zip Code	Hourly pay or salary: Starting pay: Ending pay:
Supervisor: Telephone:	Reason for Leaving:
Name of Employer:	Job Title: Duties:
Address:	Dates of Employment: From: To:
City, State, Zip Code	Hourly pay or salary: Starting pay: Ending pay:
Supervisor: Telephone:	Reason for Leaving:

APPLICANT'S AGREEMENT

"I understand and agree that, if I am employed by the Upper Sandusky Community Library ("the Library), my employment and/or compensation is entirely "at will," which means neither are guaranteed for any definite period of time, and that my employment and/or compensation can be modified or terminated, with or without cause, and regardless of the date of payment of my wages and salary, and with or without prior notice at any time, at the option of either the Library or myself. I understand and agree that the Library reserves the right to establish and change any of the terms and conditions of my employment at its discretion at anytime as it deems appropriate. I understand and agree that no other oral or written agreements of any kind pertaining to the terms of my employment and/or my compensation exist outside of this agreement, and if I believe that any such previous agreements between any Library representative and myself have been made, they are superseded by the contents of this Agreement. I understand and agree that no representative of the Library, other than the Director or the Board of Trustees as a whole, have any authority to enter into any agreement with me or provide me with any assurances relating to my employment with the Library, except that the above-mentioned officials of the Library may do so in writing, although the terms of that Agreement cannot contradict the contents of this one. The terms of this Agreement will supersede all others.

In addition to the wages I am paid by the Library, I also agree that my continued employment will serve as sufficient consideration to bind this Agreement.

I authorize the Library to investigate my background, qualifications and/or any other information on me as it deems appropriate. I also authorize anyone the Library contacts as part of its investigation to release of any information they have regarding me or my employment to the Library or its representatives. Further, I authorize the Library to release the results of any background checks conducted on me and any other information related to me or my employment as it deems appropriate. I also release all parties, including the Library, from all liability for any damages that may result from either releasing or furnishing any such information.

I further agree to take any lawful medical examination, chemical, drug or alcohol test upon request by the Library at its sole discretion as a condition of my employment, or, if I am hired, as a condition of my continued employment at any time as deemed appropriate by the Library. I agree that my refusal to take any such examinations or tests immediately upon request may be cause for my not being hired or, if I am hired, may be cause for the immediate termination of my employment. Further, I authorize the Library to release the results of these tests to whomever it deems appropriate where allowed by law. I hereby release all parties from all liability regarding these examinations or tests.

I also certify that the facts contained in this application are true and complete to the best of my knowledge and understand that if I am employed, any statements I have falsified on this Application shall be grounds for dismissal. I further certify that I have read all of the foregoing, understand the same and do hereby voluntarily agree to all of the provisions contained herein."

READ CAREFULLY BEFORE SIGNING

"I agree that any claim or lawsuit relating to my service with the Upper Sandusky Community Library must be filed no more than six (6) months after the date of the employment action that is the subject of the claim or lawsuit. I waive any statute of limitations to the contrary."

if you are nired, this employment application will b	ecome part of your official employment recor	a.
APPLICANT'S SIGNATURE	Date	