



CLARK COUNTY PUBLIC LIBRARY
EMPLOYMENT APPLICATION

This Library is an Equal Employment Opportunity Employer. The information requested is needed to help us assess your employment interests and qualifications and to enable us to contact you. No other use of this information will be made without your permission.

* Incomplete or illegible applications will be rejected. Type or print in black ink

Date of application Phone () ()
Primary Cell / Alternative phone

Name Last First MI

Address Street City State Zip

Are you a citizen of the United States or otherwise authorized to work in the position that you are seeking? (Upon hire, you will be required to verify your employment eligibility) YES NO

This employment application does not seek information regarding the applicant's criminal record. However, the Clark County Public Library reserves the right to make inquiry into the applicant's criminal record, to conduct a criminal background check and to condition any offer of employment on the information obtained from any such inquiry or background check.

Positions require ability to work flexible schedule. Open hours:

Main: Mon. - Thurs 9 A.M. - 8 P.M. / Fri. 9 A.M. - 6 P.M. / Saturday 10 A.M. - 6 P.M. / Sunday 1 P.M. - 5 P.M.
Branches: Mon. - Thur. 10 A.M. - 8 P.M. / Fri. 10 A.M. - 6 P.M. / Sat. 10 A.M. - 6 P.M. Closed Sunday

Indicate any hours you are NOT available for work (see above statement)

Mon: Tues.: Wed.: Thurs.: Fri.: Sat.: Sun.:

Interested in: FULL-TIME PART-TIME EITHER Posted Position: (PLEASE READ JOB POSTING CAREFULLY)

Employment applications are generally kept active for three months. If applying for Posted Position, would you like your application kept for consideration for other openings? YES NO

Indicate all locations at which you would be interested in working: Any location Main Library Park Branch Village Branch Houston Branch Enon Branch Bookmobile

EDUCATION AND TRAINING (name & city):

High School GED/Diploma: Yes OR No

College Degree(s):

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Skills: If not included on resumé, list specific computer expertise, Certifications/licensures, training/coursework, language specialties, operation of office machines, audio-visual equipment, typing, etc. Verification of posted qualifications may be required.

Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, age, disabilities or other protected status. Provide complete Employment History for the past ten (10) years (REQUIRED even if resume is attached). Use additional sheet of paper if necessary. List most recent first.

Name/ Address of Present/Last Employer				May we contact this employer? Y N	
Starting Date	Final Date	Starting Pay	Final Pay	Job Title	
Supervisor's Name and Title, telephone number and E-mail					
Reason for leaving (be specific)					
Describe major duties performed, skills used or learned, advancements or promotions					

Name/ Address of Present/Last Employer				May we contact this employer? Y N	
Starting Date	Final Date	Starting Pay	Final Pay	Job Title	
Supervisor's Name and Title, telephone number and E-mail					
Reason for leaving (be specific)					
Describe major duties performed, skills used or learned, advancements or promotions					

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Starting Date	Final Date	Starting Pay	Final Pay	Job Title	
Supervisor's Name and Title, telephone number and E-mail					
Reason for leaving (be specific)					
Describe major duties performed, skills used or learned, advancements or promotions					

Pre-Employment Statement

PLEASE READ AND SIGN BELOW

I voluntarily affirm I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application unless noted. I understand any omission or misstatement of material fact on this application or any document used to secure employment shall be grounds for rejection of the application or for immediate discharge if I am employed regardless of the time elapsed before discovery.

I hereby authorize Clark County Public Library to investigate my references, work record, education, driving record and other matters related to my suitability for employment and further authorize my former employers to disclose to Clark County Public Library any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release Clark County Public Library, 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.

Clark County Public Library reserves the right to make inquiry into the applicant's criminal record, to conduct a criminal background check and to condition any offer of employment on the information obtained from any such inquiry or background check. In evaluating an applicant's criminal record, the Library shall make an individualized assessment, utilizing the factors permitted by applicable law.

I understand nothing contained in the application or conveyed during any interview granted is intended to create an employment contract between Clark County Public Library and me. In addition, I understand and agree if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice at the option of either myself or the Clark County Public Library, and no promises or representations contrary to the foregoing are binding on Clark County Public Library unless made in writing and signed by me and the appropriate Clark County Public Library representative. I agree to work in any agency where assigned and as required.

Applicant's Signature

Date

Applicants under age 18 must also obtain signature of parent or guardian below:

It is with my approval _____ makes application for work with the Clark County Public Library, and I will cooperate in helping him/her keep his/her work schedule.

Parent or legal guardian's signature

Date

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