



**EMPLOYMENT APPLICATION FORM**

**CONTACT INFORMATION**

*Applicants please provide all requested information.*

Name:

Last

First

Middle

Residence Address:

Number and Street

City and State

Zip Code

Daytime Phone Number

Evening Phone Number

**Position applying for:**

**PERSONAL INFORMATION**

*Applicants please provide all requested information.*

Are you 18 years of age or older?

Yes

No

(If under 18, hire is subject to verification that you are of minimum legal age.)

If hired, would you have access to reliable transportation  
to and from work?

Yes

No

Can you provide verification of your right to work in the U.S?

Yes

No

Do you speak, write and/or understand any foreign languages?

Yes

No

If yes, which languages?

Have you ever been convicted of a criminal offense (felony or  
serious misdemeanor)?

Yes

No

(Convictions for marijuana-related offenses that are more than two years old need not be listed)

IF YES, state the nature of the crime, when and where convicted, and disposition of the case:

(No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.)

**EDUCATION**

*Please provide detailed information regarding your education.*

**Grade School and/or High School**

Graduated from High School  Yes  No

Did not graduate; highest grade level completed:

Did not graduate but passed a GED (General Education Development) test

Name of School

Location

**Higher Education** (*College, University, Vocational School*)

Have vocational school degree  Yes  No

Have two-year accredited academic college degree  Yes  No

Do not have degree but \_\_\_\_\_ years from an accredited college/university

Have four-year accredited college/university degree  Yes  No

Have Master’s degree or Ph.D. from accredited college/university  Yes  No

School Name	Major	Did you graduate?	Total Units	Type of Degree Received

**SPECIAL REQUIREMENTS AND SKILLS**

*Please fill in this section if license(s), certificates, and skills are required for this position.*

License, Certificate or Registration:

Has your license/certificate/registration ever been revoked or suspended?  Yes  No

If yes, state reason(s), date of revocation or suspension, and date of reinstatement:

Required Course Work:

**Which online and/or automated systems have you worked with?**

- |                                      |                                      |   |                                  |
|--------------------------------------|--------------------------------------|---|----------------------------------|
| <input type="checkbox"/> Dialog      | <input type="checkbox"/> RLIN        | <input type="checkbox"/> SIRSI          | <input type="checkbox"/> Innopac |
| <input type="checkbox"/> Cir/CatPlus | <input type="checkbox"/> Lexis/Nexis | <input type="checkbox"/> InMagic/DBText | <input type="checkbox"/> Dynix   |
| <input type="checkbox"/> Winnegago   | <input type="checkbox"/> OCLC        | <input type="checkbox"/> Athena         | <input type="checkbox"/> Other   |

**Computer Skills:**

- |                                    |                                     |                                       |                                     |
|------------------------------------|-------------------------------------|---------------------------------------|-------------------------------------|
| <input type="checkbox"/> Word      | <input type="checkbox"/> Excel      | <input type="checkbox"/> Access       | <input type="checkbox"/> PowerPoint |
| <input type="checkbox"/> Publisher | <input type="checkbox"/> Front Page | <input type="checkbox"/> Print Master | <input type="checkbox"/> Photoshop  |
| <input type="checkbox"/> Other     | <i>Please List:</i>                 |                                       |                                     |

**WORK HISTORY**

List below all present and past employment, starting with your most recent employer (last 10 years is sufficient). Account for all periods of unemployment. **You must complete this section even if attaching a resume.**

Company Name	Title or Position	Dates of Employment	Salary	# hrs worked weekly	Name and Title of Supervisor
<b>Describe your responsibilities</b>			<b>Reason for Leaving</b>		

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**WORK EXPERIENCE**

*Please check all areas in which you have work experience:*

- |   |   |   |  |
|---|---|---|--|
| <input type="checkbox"/> Reference            | <input type="checkbox"/> Cataloging         | <input type="checkbox"/> Indexing             | <input type="checkbox"/> Acquisitions                |
| <input type="checkbox"/> Online Searching     | <input type="checkbox"/> Technical Services | <input type="checkbox"/> Periodicals          | <input type="checkbox"/> Collection Development      |
| <input type="checkbox"/> Records Management   | <input type="checkbox"/> Circulation        | <input type="checkbox"/> Web Page Design      | <input type="checkbox"/> Inter-Library Loans         |
| <input type="checkbox"/> Serials              | <input type="checkbox"/> Technical Reports  | <input type="checkbox"/> Classified Documents | <input type="checkbox"/> Government Documents        |
| <input type="checkbox"/> Software Collections | <input type="checkbox"/> Microforms         | <input type="checkbox"/> Standards            | <input type="checkbox"/> Fiscal Management/Budgeting |
| <input type="checkbox"/> Other (list below*)  |   |   |  |

\* Please list other work experience:

In which type of libraries have you worked?

**Type of Work**

Are you applying for:

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| Regular full-time work?                   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Regular part-time work?                   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Temporary work (e.g., summer or holiday)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

What days and hours are you available to work?

If applying for temporary work, during what period of time will you be available?

From: \_\_\_\_\_ To: \_\_\_\_\_

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| Are you available for work on weekends?                | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Would you be available to work overtime, if necessary? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If hired, on what date can you start work?

Salary desired

Have you ever applied to or worked for the Coalinga-Huron Library District before?  Yes  No

If yes, when?

Do you have any friends or relatives working for the Coalinga-Huron Library District?  Yes  No

*If yes, state their name(s) and their relationship to you:*

Name(s)	Relationship

Are you currently employed?  Yes  No

If so, may we contact your current employer?  Yes  No

Please explain any other experience, training, qualifications, or skills that you feel make you especially suited for work at the Coalinga-Huron Library District:

**READ THIS STATEMENT BEFORE SIGNING**

*Information provided on this application may be verified, including, but not limited to, contacting former employers. My signature certifies that information on this application is true. I understand and agree that any misstatements or omissions of material facts will cause forfeiture on my part of all rights to employment by the Coalinga-Huron Library District.*

Signature

Date

**Note:** Resumes will be accepted with a completed application form.