

Southeastern Public Library System of Oklahoma

Application For Employment

All applicants must complete this form. A resume, if available, may be attached.

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.

(PLEASE PRINT)
Position Applied For _____ Date of Application _____

Last Name _____ First Name _____ Middle Name _____

Street Address _____ City _____ State _____ Zip _____

Telephone Number(s) _____ Social Security Number _____

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

Have you ever filed an application with us before? Yes No

Are you currently employed? Yes No

Do you know of any condition which might prevent you from performing all requirements of this job? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? *Proof of citizenship or immigration status will be required upon employment.* Yes No

On what date would you be available for work? _____

Are you available to work: Full time Part Time Temporary

Are you currently on "lay-off" status and subject to recall? Yes No

Can you travel if a work assignment requires it? Yes No

Have you been convicted of a felony within the last 7 years? Yes No
Conviction will not necessarily disqualify an applicant from employment.

If yes, please explain _____

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

EMPLOYMENT

Please give accurate, complete full-time and part-time employment record. Start with present or most recent employer.

Company Name _____ Telephone _____

Address _____ Month & Year Employed:
From _____ To _____

Name of Supervisor _____ Pay Rate: Start \$ _____ Last \$ _____

State Job Title and Describe Your Work _____

Reason for Leaving _____ May we contact this employer? ___ Yes ___ No

Company Name _____ Telephone _____

Address _____ Month & Year Employed:
From _____ To _____

Name of Supervisor _____ Pay Rate: Start \$ _____ Last \$ _____

State Job Title and Describe Your Work _____

Reason for Leaving _____ May we contact this employer? ___ Yes ___ No

Company Name _____ Telephone _____

Address _____ Month & Year Employed:
From _____ To _____

Name of Supervisor _____ Pay Rate: Start \$ _____ Last \$ _____

State Job Title and Describe Your Work _____

Reason for Leaving _____ May we contact this employer? ___ Yes ___ No

Education

School Name, Location, Number of years completed, Degree received:

Elementary School _____

High School _____

College/University _____

Graduate/Professional _____

State any additional information you feel may be helpful to us in considering your application:

List professional, trade, business or civic activities and offices held. *You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, handicap or other protected status:*

References

Give name, address and telephone number of three references who are not related to you. Indicate how they know you.

1. _____

2. _____

3. _____

Are you physically or otherwise unable to perform the duties of the job for which you are applying?

___ Yes ___ No

