## Springville Memorial Library-Application for Employment

264 Broadway P.O. Box 78 Springville, Iowa 52336 email: / Phone: (319)854-6444

| Position :                   | Date:  |                           |
|------------------------------|--|---------------------------|
| Are you willing to work a pa | art-time job, with some evenings and Saturday work required  | d?YesNo                   |
|                              | Library complies with all applicable state and local laws prohibiting disc<br>without regard to race, color, religion, gender, national origin, age, disal |                           |
| Name:                        |  | _                         |
| Current Address:             |  |                           |
| Telephone Number:            | Cell   |                           |
| E mail address:              |  |                           |
|                              | prevent you from performing the essential activities of the pos<br>able manner?YesNo   | ition for which you have. |
|                              | <b>Education - Please include the following information:</b><br>Name and Address of School / Degree Earned   |                           |
| High School or Equivalent    |  |                           |
| College/ Trade               |  |                           |
| Other Education              |  |                           |
| Additional Skills:           |  |                           |
|                              |  |                           |
|                              |  |                           |

Available start date:

May we contact your current employer? \_\_\_\_Yes \_\_\_\_No

Please provide a summary of work performed:

| Employer/Supervisor Name: |                       |
|---------------------------|-----------------------|
| Address:                  |                       |
|                           | City, State, Zip Code |
| Telephone Number:         | Cell                  |
|                           |                       |
| E mail address:           |                       |

Prior Work History (for last five years onlyDates Employed / Name & Phone Number of Employer / Reason for Leaving):

1.

2.

## Pre-Employment Statement – please read carefully before signing below

I understand and voluntarily agree that:

The information provided on this application is true and complete to the best of my knowledge.

I give my permission for the Library Board to verify all information provided by me and authorize all my present and former employers and personal references to furnish information about my employment record, work performance and personal character. I release them from all liability for damages arising from furnishing the requested information.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Any misrepresentation or omission of any material fact in my application, resume or other materials, or during any interviews, can be justification for refusal of employment, or termination, if employed.

Any offer of employment is contingent upon my successful completion of all pre-employment screening process including, but not limited to, receiving satisfactory references, proof of required computer knowledge, and a background check.

In consideration of my employment, I agree to comply with the policies, rules and regulation, and procedures of the Library, City of Springville, and the State of Iowa. I understand that the Springville Memorial Library Board has sole authority to terminate my position with or without cause or notice, at any time.

APPLICATION MAY BE SUBMITTED TO "LIBRARY DIRECTOR"

VIA USPS, EMAIL: sprlibry@netins.net OR IN PERSON DURING REGULAR HOURS