APPLICATION FOR EMPLOYMENT

Equal Opportunity Employer

OFFICE USE ONLY

Date _____
Interview_____
_____

Crawford County Library System

1409 Main Street
Van Buren, AR 72956

PERSONAL INFORMATION

Name_____
(Last) **(First)** **(Middle)**

Address_____
(Number) **(Street)** **(City)** **(State)** **(Zip Code)**

Telephone Number _____ **Email Address**_____

Are you either a U.S. citizen or authorized to work in the United States? Yes_____ No_____

GENERAL INFORMATION

Position(s) applied for: _____

Are you available to work (check one): Full-time _____ Part-Time _____ Evenings_____ Weekends_____

On what date would you be available to start work? _____

Are you related by blood or marriage to any employee of the Crawford County Library System? Yes___ No___

If yes, please name: _____

Have you ever applied to, or worked for the Crawford County Library System before? Yes____ No_____

If yes, under what name, dates of employment and department? _____

Can you work overtime? Yes_____ No_____ Can you travel if your job requires it? Yes_____ No_____

Have you ever been dismissed, involuntarily terminated or forced to resign from employment? Yes_____ No_____

If yes, please explain. _____

IN CASE OF EMERGENCY PLEASE NOTIFY:

NAME_____ PHONE_____ RELATIONSHIP_____

Please print or type. The application must be fully completed to be considered. Please complete each section even if you attach a resume.

EMPLOYMENT HISTORY

List below, chronologically (most recent dates first) each place you were employed, omitting none (attach additional sheet(s) if necessary). Give correct, full addresses and dates of non-employment in proper sequence. Include all part-time employment, job-related military service assignments and job-related volunteer activities.

IMPORTANT: May we contact your present employer? **YES_____ NO_____**

Name of Employer	Job Title		
Address	City	State	Zip Code
Dates of Employment: From _____ to _____ Month Year TO_____ to _____ Month Year Salary: Starting $_____ per _____ Ending $_____ per _____ # Hrs. Worked Weekly ____	Name and Title of Supervisor Description of duties, responsibilities, and significant accomplishments: Reason for Leaving:		

Name of Employer	Job Title		
Address	City	State	Zip Code
Dates of Employment: From _____ to _____ Month Year To _____ to _____ Month Year Salary: Starting $_____ per _____ Ending $_____ per _____ # Hrs. Worked Weekly ____	Name and Title of Supervisor Description of duties, responsibilities, and significant accomplishments: Reason for Leaving:		

Name of Employer	Job Title		
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Dates of Employment: From _____ to _____ Month Year To _____ to _____ Month Year Salary: Starting $_____ per _____ Ending $_____ per _____ # Hrs. Worked Weekly ____	Name and Title of Supervisor Description of duties, responsibilities, and significant accomplishments: Reason for Leaving:		

EDUCATION

LEVEL	School Name and Address	Years Completed	DIPLOMA	Course of Study	Diploma/ Degree?
High School					
College					
Graduate/ Professional/ Trade/Business					
Other					

High School Equivalency Diploma (GED)? Date _____

Describe any specialized training, apprenticeship, computer skills, extra-curricular activities, academic scholarships/awards related to the job for which you are applying:

_____

_____

Describe any other training or professional licenses, special courses, work training programs, or armed forces training related to the job for which you are applying. Give name and location where training was given, certificate (if any), subject of training, number of hours weekly, and other relevant details.

_____

_____

REFERENCES

Give the names of three persons not related to you whom you have known at least one year.

1. _____
   Name Address Phone Relationship

2. _____
   Name Address Phone Relationship

3. _____
   Name Address Phone Relationship

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

_____

_____

EMPLOYMENT CHECKS AND TESTING

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AT-WILL EMPLOYMENT DISCLAIMER AND APPLICANT'S AGREEMENT AND CERTIFICATION

I certify that the answers given in this application are true to the best of my knowledge.

I understand that the use of this application form does not indicate that there are any positions open and does not in any way obligate the Crawford County Library System.

I understand that should I be granted an interview, no representations that may be made at the interview are to be construed as creating any obligation, promise or contract on behalf of the Library. **Further, in consideration of my employment, I agree to conform to the policies and procedures of the Library, as they may from time to time be implemented or revised, and that, subject to any applicable collective bargaining agreement, my employment and compensation can be terminated with or without cause, and with or without notice, at any time, for any lawful reason or for no reason at all at the option of either the Library or myself**. It is further understood that this **"at-will"** employment relationship may not be changed by any written document or by conduct unless the Library Director specifically acknowledges such change in writing. I understand that no supervisory, management or any other employee of the Library has any authority to make a commitment of guaranteed or continuing employment to me, and no document or publication of this Library should be interpreted to make such a guarantee.

I understand that false or misleading information given in my application, resumes, interview(s) or during the course of my employment may result in withdrawal of a job offer or discipline up to and including termination of employment, whenever the omission or falsehood is discovered.

I understand that acceptance for employment shall depend on satisfactory replies from my references and other background checks. In the event I receive a job offer, I also understand that I may be subject to a drug test and/or a medical examination that I must pass before I commence work.

I have read, understood and agree to the foregoing.

Applicant's Signature: _____Date: _____

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AUTHORIZATION TO COLLECT BACKGROUND INFORMATION

I have applied for employment with the Crawford County Library System. I authorize investigation of all statements contained in my application for employment as may be necessary in arriving at an employment decision. I authorize representatives of the Library to obtain pertinent information from my previous employers, references, and other persons with knowledge of my work history and background, financial history, education, regulatory or police records, driving records, licensing status or professional designation, and character or reputation, and to consider the information provided by the background check when making decisions regarding my employment at the Library.

I authorize all previous employers, references or other persons having knowledge of my record or myself to release such information to the Library, and hereby release all persons from liability for any damage that may result from furnishing such information to the Library.

A photocopy of this authorization may be accepted in lieu of the original.

Signature: _____ Print Name: _____

Print Former Name(s): _____

Date: _____

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NOTICE OF BACKGROUND CHECK AND FAIR CREDIT REPORTING ACT DISCLOSURE

As part of the interview process, the Crawford County Library System may conduct a background check. If you are hired, the Library may also conduct a background check in deciding whether to continue your employment and when making other employment-related decisions directly affecting you. As part of the background check, the Library may obtain a "consumer report" from a "consumer reporting agency." These terms are defined in the Fair Credit Reporting Act ("FCRA"), which applies to you. A consumer report includes information regarding such issues as your credit standing, criminal record, motor vehicle record, character and reputation. If the Library obtains a "consumer report" about you, and considers any information in the "consumer report" when making an employment-related decision that directly and adversely affects you, you will be provided with a copy of the report before the decision is finalized. You may also contact the Federal Trade Commission in Washington, D.C., about your rights under the FCRA as a consumer with regard to "consumer reports" and the "consumer reporting agencies" that prepare these reports. Your signature below authorizes the Library to obtain consumer reports regarding you from consumer reporting agencies in connection with your application and during the course of your employment. To perform the background check, please provide the following information:

Print Full Name:
(First)_____(Middle)_____(Last)_____

Any Other Last Names by Which You Have Been Known?

_____

Social Security No.: _____ - _____ - _____

Driver's License No:_____ State: _____

Date of Birth: _____

Home Address: _____

_____

Number of Years at Residence: _____

Phone Number: _____

Email Address: _____

Signature: _____

Date: _____

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CRIMINAL BACKGROUND CHECK

NOTE: THIS PORTION OF THE APPLICATION WILL ONLY BE REVIEWED BY MEMBERS OF THE HUMAN RESOURCES DEPARTMENT (OR THE PERSON(S) IN CHARGE OF EMPLOYMENT) AND ANYONE INVOLVED IN INTERVIEWING THE APPLICANT.

Have you ever been convicted of or pleaded guilty or nolo contendere (no contest) to, a violation of any state, federal, county or municipal law? (Do not include minor traffic violations) Yes _____ No _____

If yes, please give information regarding the nature of the charge, the date and location of conviction and the final disposition of the case:

_____

_____

_____

Do not include convictions that were sealed, eradicated, erased, annulled by a court, or expunged, or convictions that resulted in referral to a diversion program.

I understand that the information provided above will not necessarily result in the rejection of my application, but that the nature of the information will be considered as it relates to the performance of the job duties in question and in light of the requirements of state and federal law.

Applicant's Signature: _____

Date: _____

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NOTICE TO APPLICANTS REGARDING PRE-EMPLOYMENT DRUG TESTING

Any individual applying for employment with the Crawford County Library System (the "Library") shall submit to a urinalysis drug test as a mandatory part of the employment application process. This notice serves as a written statement of the Library's intention to conduct such testing as part of the application process. The testing will be conducted by a certified laboratory/testing service selected by the Library, in accordance with the procedures required by applicable state and federal regulations. Additionally, the Crawford County Library System requires successful completion of a urinalysis drug test if it has reasonable suspicion that an employee is under the influence of drugs or alcohol which adversely affects or could adversely affect the employee's job performance. The Crawford County Library System also requires employees in occupations that have been designated as safety-sensitive by the State of Arkansas to undergo random urinalysis drug testing.

Tested applicants will be given a copy of any positive test result. All test results shall be considered confidential by the Library and shall not be disclosed to the employees of the Library, or any other person, other than to those persons for whom such disclosure is necessary. Positive test results, or a refusal to sign this consent form and participate in pre-employment drug testing, shall be grounds for denial of employment. Arrangements for testing will be made by a representative of the Library, in consultation with each applicant. Cooperation in scheduling the testing is important for processing an application.

By signing below, you consent to be drug tested and acknowledge you have thoroughly read the foregoing notice and policy, and you understand and agree that in order to be considered for employment with the Library, you will comply in full with the Library's drug testing policy.

Applicant's Signature: _____

Date: _____