



**MISSOURI RIVER REGIONAL LIBRARY**

**Administrative Offices**

214 Adams Street, P.O. Box 89, Jefferson City, Missouri 65102

**Osage County Library**

1014 D East Main Street, PO Box 349, Linn, Missouri, 65051

Fax (573)634-7028

**AN EQUAL OPPORTUNITY EMPLOYER**

The Library shall not discriminate in any of its employment practices on the basis of race, color, sex, religion, age, disability, national origin, sexual orientation, or any other basis made unlawful by any application of law, ordinance or regulation.

<b>INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED</b>			<b>TODAY'S DATE:</b> _____		
APPLICANT INFORMATION					
Last Name		First Name		Middle Initial	Social Security Number
Street Address				Home Phone (      )	
City	State	Zip Code		Business Phone (      )	
If under 18, state your age and birthdate: _____				Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If you are not a U.S. Citizen are you legally eligible for employment in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Have you ever been employed by or volunteered with Thomas Jefferson Library System or Missouri River Regional Library? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which organization _____ Month and Year _____ Position _____					
Have you ever worked under a last name other than your current one? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list name(s) _____					
Are you related to anyone employed by Missouri River Regional Library? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Name _____ Department _____ Relationship _____					
Are you presently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No      May we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Have you ever been convicted of a violation of any federal, state, county, or municipal law since your 16th birthday (do not include misdemeanors or traffic violations)? <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, state place, date and reason _____					
Is there any reason why you would be unable to fully perform the duties of the position(s) for which you are applying? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain and indicate what accommodations may be needed. _____ _____					
Have you applied here before? <input type="checkbox"/> Yes <input type="checkbox"/> No    Year _____ Position _____					

TYPE OF EMPLOYMENT DESIRED	
Ist Choice	2nd Choice
Hours available to work: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Day <input type="checkbox"/> Evening <input type="checkbox"/> Weekend <input type="checkbox"/> Summer Only	
If part-time, specify number of hours per week: _____	Specify any hours or days you prefer not to work: _____
Are you able to work weekends? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you able to work holidays? <input type="checkbox"/> Yes <input type="checkbox"/> No
What prompted your application: <input type="checkbox"/> Employee Referral <input type="checkbox"/> Government Employment Agency <input type="checkbox"/> Private Employment Agency <input type="checkbox"/> Rehire <input type="checkbox"/> School <input type="checkbox"/> Walk-in <input type="checkbox"/> Advertisement <input type="checkbox"/> Website <input type="checkbox"/> Other (specify) _____	
<b>Salary Expectation:</b> _____	<b>When would you be able to begin work?</b> _____

### EDUCATIONAL BACKGROUND

SCHOOLING LEVEL	NAME & ADDRESS	COURSE OF STUDY	DATES ATTENDED	DID YOU GRADUATE? TYPE OF DEGREE?
High School			Not Applicable	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> GED
College or University			Not Applicable	<input type="checkbox"/> Yes <input type="checkbox"/> No Degree: _____ Date Rec'd.: _____
Graduate School			From: _____ Mo./Yr. To: _____ Mo./Yr.	<input type="checkbox"/> Yes <input type="checkbox"/> No Degree: _____ Date Rec'd.: _____
Professional Vocational Technical Business Other			From: _____ Mo./Yr. To: _____ Mo./Yr.	<input type="checkbox"/> Yes <input type="checkbox"/> No Degree: _____ Date Rec'd.: _____

List additional training/education received professionally, current certifications, membership in professional or civic organizations or attendance at seminars. Include dates of the education, etc. that relate to the job for which you are applying.

---



---



---

Are you presently enrolled in school?    Yes    No   If yes, please explain: \_\_\_\_\_

Do you have a valid Missouri Driver License? <input type="checkbox"/> Yes <input type="checkbox"/> No Missouri Driver License Number: _____	Do you have a valid Missouri Chauffeur's License? <input type="checkbox"/> Yes <input type="checkbox"/> No Missouri Chauffeur's License Number: _____
--	--

Please list any current license or registration that relates to the job you have applied for:

---



---

### MILITARY EXPERIENCE

Complete this section if you served in the U.S. Armed Forces

Branch of Service	Period of Active Duty (Month/Year)
Military Occupational Skills:	Describe your duties and any special training:

Are you a current member of the National Guard or Reserves?    Yes    No

### UNEMPLOYMENT HISTORY

Please account for any period of unemployment of a month or more during the past 5 years.

Dates: _____ From (Mo./Yr.)	_____	Reason: _____
	To (Mo./Yr.)	
Dates: _____ From (Mo./Yr.)	_____	Reason: _____
	To (Mo./Yr.)	
Dates: _____ From (Mo./Yr.)	_____	Reason: _____
	To (Mo./Yr.)	

## WORK HISTORY

Please give an accurate, complete full-time and part-time employment record for at least the past 10 years.  
Start with present or most recent employer (provide additional sheets if needed).

Firm Name: _____ Address: _____ <small>Street, City &amp; State</small> Telephone Number: (    ) _____ Supervisor's Name/Title: _____	From: _____ <small>Month/Year</small> To: _____ <small>Month/Year</small> Final Salary: \$ _____ <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year Your Job Title: _____	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time Describe Your Duties:   Reason For Leaving:
Firm Name: _____ Address: _____ <small>Street, City &amp; State</small> Telephone Number: (    ) _____ Supervisor's Name/Title: _____	From: _____ <small>Month/Year</small> To: _____ <small>Month/Year</small> Final Salary: \$ _____ <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year Your Job Title: _____	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time Describe Your Duties:   Reason For Leaving:
Firm Name: _____ Address: _____ <small>Street, City &amp; State</small> Telephone Number: (    ) _____ Supervisor's Name/Title: _____	From: _____ <small>Month/Year</small> To: _____ <small>Month/Year</small> Final Salary: \$ _____ <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year Your Job Title: _____	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time Describe Your Duties:   Reason For Leaving:
Firm Name: _____ Address: _____ <small>Street, City &amp; State</small> Telephone Number: (    ) _____ Supervisor's Name/Title: _____	From: _____ <small>Month/Year</small> To: _____ <small>Month/Year</small> Final Salary: \$ _____ <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year Your Job Title: _____	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time Describe Your Duties:   Reason For Leaving:
Firm Name: _____ Address: _____ <small>Street, City &amp; State</small> Telephone Number: (    ) _____ Supervisor's Name/Title: _____	From: _____ <small>Month/Year</small> To: _____ <small>Month/Year</small> Final Salary: \$ _____ <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year Your Job Title: _____	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time Describe Your Duties:   Reason For Leaving:
Firm Name: _____ Address: _____ <small>Street, City &amp; State</small> Telephone Number: (    ) _____ Supervisor's Name/Title: _____	From: _____ <small>Month/Year</small> To: _____ <small>Month/Year</small> Final Salary: \$ _____ <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year Your Job Title: _____	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time Describe Your Duties:   Reason For Leaving:

## PROFESSIONAL OR PERSONAL REFERENCES

List three people who we may contact that are familiar with your working/technical ability or character.  
Do not include relatives.

Name: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Address: \_\_\_\_\_ How do you know this person? \_\_\_\_\_  
Street, City & State  
Telephone Number: ( \_\_\_\_\_ ) \_\_\_\_\_

Name: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Address: \_\_\_\_\_ How do you know this person? \_\_\_\_\_  
Street, City & State  
Telephone Number: ( \_\_\_\_\_ ) \_\_\_\_\_

Name: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Address: \_\_\_\_\_ How do you know this person? \_\_\_\_\_  
Street, City & State  
Telephone Number: ( \_\_\_\_\_ ) \_\_\_\_\_

## TELL US ABOUT YOURSELF

## DISCLOSURE REGARDING PROCUREMENT OF CONSUMER REPORT

TO ALL APPLICANTS FOR EMPLOYMENT: Please read the following and sign the authorization. Applications received without this signed documentation will not be considered for employment.

In addition to regular job references, it is the policy of Missouri River Regional Library to request a criminal records check of all applicants for employment, at the time an offer of employment has been accepted and no later than the first two days of employment. The criminal record check is provided by the Missouri Highway Patrol with respect to information in Missouri and, if necessary, from a consumer reporting agency with respect to information outside Missouri.

Information received as a result of this record check will be held in the strictest confidence. The results of a criminal records check will be reviewed by Missouri River Regional Library's administration to determine suitability for continued employment. A criminal record history could result in termination of employment.

I acknowledge receipt of this disclosure and if I am offered employment, authorize that a criminal records check pursuant to Missouri law be conducted.

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

## APPLICANT'S AGREEMENT

I have read all the questions on this application, have accurately answered all that apply to me, and certify that all information is correct. I authorize Missouri River Regional Library (Library) and its employees, without liability, to investigate the accuracy of all information supplied by me and expressly authorize it and its employees to contact and obtain information concerning me from my present (unless otherwise indicated by me) and former employers and those persons named as references, and academic, occupational, health, police, and government records. I authorize listed employers and references to make full response to any inquiries by the Library in connection with this application for employment without liability.

I further agree that neither the reason for my employment or non-employment by the Library, nor any information received by the Library from such employers or references shall be disclosed to me, and I waive any right to obtain such information from the library, or to examine and obtain copies of such information if written.

I understand and agree that my misrepresentation of any information in this application or supplement to it such as, a resume, submitted sheets of information or questionnaire, is sufficient reason to be eliminated from consideration for employment and to cause removal from employment if discovered after I am employed.

In addition, I understand that updated employee websites, manuals, handbooks and/or employee briefings pertaining thereto which may be provided by the Library shall not be construed as creating any form of employment agreement nor serve as an independent basis of contract for employment. I further understand my employment and compensation can be discontinued, with or without cause, and with or without notice, at any time, at the option of either the Library or myself. If employed, I agree to work the hours, days and shifts as scheduled including weekends and holidays, and I agree to conform to the rules and regulations of Missouri River Regional Library now in effect and as may be amended by the Library in the future. I have read the foregoing agreement and knowingly make this authorization.

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

## YOUR APPLICATION IS VALID FOR A PERIOD OF SIX MONTHS

If you wish to be considered for open positions during this period of time, please notify the Human Resources Department.

If you wish to be considered for employment after six months you must complete a new employment application.