



MISSOURI RIVER REGIONAL LIBRARY

Administrative Offices

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

Phone: (573) 634-2464 Fax: (573) 634-7028

Osage County Library

1014 D East Main Street, P.O. Box 349, Linn, Missouri 65051

Phone: (573) 897-2951 Fax: (573) 897-3815

AN EQUAL OPPORTUNITY EMPLOYER

The Library shall not discriminate in any of its employment practices on 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.

INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED		TODAY'S DATE:	
APPLICANT INFORMATION			
Last Name	First Name		Middle Initial
Street Address			Home Phone ()
City	State	Zip Code	Business Phone ()
If under 18, state your age and birthday			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 name? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list last 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, municipal law since your 16 th birthday (Do not include misdemeanors or traffic violations)? 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 the accommodations may be needed. _____ _____			
Have you applied here before? <input type="checkbox"/> Yes <input type="checkbox"/> No Year _____ Position _____			

TYPE OF EMPLOYMENT DESIRED	
1 st Choice	2 nd 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 work:
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) _____	
Salary Expectation: _____	When would you be able to begin work? _____

EDUCATIONAL BACKGROUND

SCHOOL 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? Yes No

Missouri Driver License Number: _____

Do you have a valid Missouri Chauffeur's License?

Yes No

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

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

WORK HISTORY

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

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

PROFESSIONAL REFERENCES

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

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

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

Name: _____ Occupation: _____
Address: _____ How do you know this person? _____
Street, City, State & Zip Code
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 record 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 strictest confidence and will be used solely for the purpose of determining the suitability of an applicant for employment.

I acknowledge receipt of this disclosure and if I am offered employment, authorize that a criminal background 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, 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, nor 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.