



Employment Application

Siuslaw Public Library District provides equal employment opportunities to all employees and applicants for employment and prohibits discrimination and harassment of any type without regard to race, color, religion or religious expression, age, sex, national origin, marital or family status, disability status, genetics, political affiliation, protected veteran status, sexual orientation, gender identity or expression, or any other characteristic protected by federal, state, or local laws. This policy applies to all terms and conditions of employment, including recruiting, hiring, placement, promotion, termination, layoff, transfer, leaves of absence, compensation, and training.

Instructions:

1. Complete this form in its entirety and sign. Make sure to save the form.
2. Email the completed and signed application along with your resume and a cover letter to jobs@siuslawlibrary.org ; or
3. Mail or hand-deliver the items to ATTN Employment, Siuslaw Public Library District, 1460 9th St, Florence, OR 97439.

NOTE: IF YOU ARE HIRED, THIS APPLICATION WILL BECOME PART OF YOUR PERMANENT PERSONNEL FILE. PLEASE COMPLETE IT LEGIBLY. YOUR APPLICATION MAY NOT BE CONSIDERED IF INCOMPLETE OR SUBMITTED PAST AN ESTABLISHED DEADLINE. THIS APPLICATION, IN COMBINATION WITH YOUR RESUME, WILL HELP ENSURE YOU MEET MINIMUM QUALIFICATIONS FOR THE POSITION YOU HAVE APPLIED TO FILL.

Position Applying For	
Where did you learn about this opening?	Indicate Work Schedule(s) You Will Accept
	<input type="checkbox"/> Full-Time <input type="checkbox"/> Temporary <input type="checkbox"/> Part-Time
Available Start Date	Today's Date

PERSONAL INFORMATION

Name			
Address	City	State	Zip
Phone Number	Email Address		
Are you able, at the time of employment, to submit verification of your legal right to work in the United States? Yes <input type="checkbox"/> No <input type="checkbox"/>			

EDUCATION

School Name	Degree/Certificate or Units Earned if None	Major	Did you Graduate?

Do you have a high school diploma or GED Certificate? Yes No

CERTIFICATES AND LICENSES

Type	Issuing Agency	Date Issued	Date Expires

EMPLOYMENT HISTORY

Employer Name	Position Title	Dates Employed (From – To)
Location	Supervisor Name	Phone Number/Email Address
Reason for Leaving		
Job Duties		

May we contact this employer? Yes No

Employer Name	Position Title	Dates Employed (From – To)
Location	Supervisor Name	Phone Number/Email Address
Reason for Leaving		
Job Duties		

May we contact this employer? Yes No

Employer Name	Position Title	Dates Employed (From – To)
Location	Supervisor Name	Phone Number/Email Address
Reason for Leaving		
Job Duties		
May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>		

Employer Name	Position Title	Dates Employed (From – To)
Location	Supervisor Name	Phone Number/Email Address
Reason for Leaving		
Job Duties		
May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>		

REFERENCES *Please do not include family members.*

Name	Title	Company
Phone		Email Address

Name	Title	Company
Phone		Email Address

