

# Employment Application

The Henika District Library is an Equal Employment Opportunity employer and will not discriminate against any applicant on the basis of race, color, religion, national origin, citizenship, sex, gender identity, age, height, weight, familial status, marital status, sexual orientation, veteran status, disability, or any other characteristic protected by federal, state, or local law. We provide reasonable accommodations for qualified individuals with a disability if requested.

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Email Address \_\_\_\_\_

## Employment History

Please start with your current or most recent position, including military duty.

Employer Name \_\_\_\_\_ Start Date \_\_\_\_\_ End Date \_\_\_\_\_

Address \_\_\_\_\_

Position Title \_\_\_\_\_ Compensation \_\_\_\_\_

Summarize the nature of the work performed and job responsibilities \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason for Leaving \_\_\_\_\_

---

Employer Name \_\_\_\_\_ Start Date \_\_\_\_\_ End Date \_\_\_\_\_

Address \_\_\_\_\_

Position Title \_\_\_\_\_ Compensation \_\_\_\_\_

Summarize the nature of the work performed and job responsibilities \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason for Leaving \_\_\_\_\_

---

Employer Name \_\_\_\_\_ Start Date \_\_\_\_\_ End Date \_\_\_\_\_

Address \_\_\_\_\_

Position Title \_\_\_\_\_ Compensation \_\_\_\_\_

Summarize the nature of the work performed and job responsibilities \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason for Leaving \_\_\_\_\_

# Employment Application

## Education

Name of School	Location of School	Major/Minor, Concentration	Degree or Certificate Earned

## Hours and Availability

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Earliest Availability						
Latest Availability						

I affirm the information provided on this application is true and complete. I understand and agree any misrepresentation or false statement on this application shall be considered cause for rejection of this application or, in the event I become employed, immediate discharge.

I understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete the Employment Eligibility Verification Form I-9.

I understand that I would be hired as an at-will employee.

I certify that I have read, fully understand, and accept all of these terms.

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

Please send this application to [wayng@lcoop.org](mailto:wayng@lcoop.org) along with a resume and cover letter.

Thank you for your interest in working at Henika District Library.

