Please print in ink or use typewriter

Number of attachments

An Equal Opportunity Employer LONESOME PINE REGIONAL LIBRARY



Application for Employment

Employees of the Lonesome Pine Regional Library and applicants for employment shall be afforded equal opportunity in all aspects of employment without regard to race, color, religion/creed, sex/gender, age, sexual orientation, gender identity/expression, national origin, genetic information, marital/familial status, disability, military, veteran status, or any other protected status in all aspects of employment, including but not limited to, the recruitment, selection, and hiring of its workforce.

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LONESOME PINE REGIONAL LIBRARY

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	Employer								
	Address								
	Phone								
	Type of Business								
	Immediate Supervisor								
	Title of Supervisor	Number of employees you supervised							
	Salary (start) (finish)	Fauinment used							
	Dates (mo/yr) to (mo/yr)	Equipment used							
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		would help us evaluate your application, including training, seminars							
e. 2	Automated word processing (specify equipment)								
	Typing speed words per minute.								
f	License (to include driver's), certificate and/or other authorizate	tion to practice a trade or profession.							
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	you a relative of any member of the Library Boar REFERENCES – List names, addresses, and relationships of thr Name Address								
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	If yes: ☐ During the Day Only ☐ Occasionally	y Overnight							
e.	List the geographic locations in which you are willing	g to work. (Wise, Dickenson, Lee, or Scott County) If anywhere							
	write all.								
f.	Are you willing to provide your own transportation if necess	sary for your employment? \square Yes \square No							
g.	For purposes of compliance with The Immigration Reform	n and Control Act, are you legally eligible for employment in the United							
		and Control Act of 1986, you will be required to fill out a certification							
	verifying that you are eligible to be employed and verifying	g your identity. Further, you will be required to provide documentation to							
	that effect should you be employed.								
14.		sary if you are available as soon as you give two (2) weeks notice.)							
		Weeks Notice							
15.	CERTIFICATION – Each Application Requires Current L								
	I hereby certify that all entries on all pages and attachments are true and complete, and I agree and understand that any falsification information have in recordless of time of discovery, may cause forfaiture on my part of any employment in the convice of								
	information herein, regardless of time of discovery, may cause forfeiture on my part of any employment in the service of								
	Lonesome Pine Regional Library. I understand that all information on this application is subject to verification and I conse								
		ou may contact references, former employers, and educational institution							
		nesome Pine Regional Library to rely upon and use, as it sees fit, an							
	information received from such contacts.								
	Date Applie	cant Signature							

LONESOME PINE REGIONAL LIBRARY

Pursuant to federal regulations, we collect responses to the questions below for record keeping purposes. This information will NOT be kept with your application for employment. Federal law prohibits unlawful discrimination on the basis of race, color, sex, age, national origin, religion, or disability.

Check the block for the racial or ethnic group which you identify: White (includes Arabian) Black (includes Jamaican, Bahamians and other Caribbeans of African but not Hispanic or Arabian descent) Hispanic (includes persons of Mexican, Puerto Rican, Central or South American or other Spanish origin or culture) Asian & Asian American (includes Pakistanis, Indians and Pacific Islanders) American Indians (Includes Alaskans)
Check the block for the highest level of education you have completed (check only one): Less than 8 th grade Completed 8 th grade Attended high school High school graduate or equivalent Attended college and/or associate degree College graduate Attended graduate school Master's degree Graduate study beyond master's requirements Ph.D. or professional degree
Check the appropriate block: ☐ Female ☐ Male
Please indicate date of birth/

Supplementary Experience Form (Optional)

Job Title	Duties
Employer	
Address	
Phone	
Type of Business	
Immediate Supervisor	
Title of Supervisor (finish)	Number of employees you supervised
Salary (start) (finish)	Equipment used
Dates (mo/yr) to (mo/yr)	Reason for Leaving
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