

EMPLOYMENT APPLICATION

PRAIRIE-RIVER LIBRARY DISTRICT
PO BOX 1200
LAPWAI, IDAHO 83540

To be considered an applicant, you must complete this form. A resumé may also be attached. Each question should be fully and accurately answered. No action can be taken on this application until all questions have been answered. This application is to fill the current open position only.

IT IS THE POLICY of Prairie River Library District to provide equal opportunity in all terms, conditions and privileges of employment for all qualified job applicants and employees without regard to race, color, national origin, gender or age (unless a bona fide job requirement) or the presence of any disability. Reasonable accommodations will be made for disabled persons.

Name _____ Email _____
Address _____
Phone: Home _____ Cell _____ Work _____
Position desired _____ Date of Application _____

Are you legally eligible to work in the United States? Yes No
(Federal law requires proof of identity and employment authorization for all new employees.)

Can you travel if the job requires it? Yes No
Do you have a valid driver's license? Yes No

Educational Background

Do you have a high school diploma or GED Certificate? Yes No
Schools attended after high school or special training received:

NAME	LOCATION (CITY/STATE)	DATES ATTENDED	GRAD?	MAJOR SUBJECTS

Technology Skills (list all skills and software applications with which you have experience)

Word Processing (e.g. MS Word): _____
Spreadsheets (e.g. MS Excel): _____
Email (e.g. MS Outlook, Gmail): _____
Presentations (e.g. MS PowerPoint): _____

Please rate your internet skill level: None Beginner Intermediate Advanced

Other equipment and/or software skill/experience:

Experience / Background

Describe any customer service or library responsibilities you have had in the past. Include any special skills, such as storytelling, that may be of interest to the District.

Military

Are you a veteran or family member who qualifies for and are claiming preference pursuant to Idaho Code § 65-503 or its successor? Yes No If yes, fill out Page 4 of this application and attach proper documentation.

Employment Record

May we contact your present employer? Yes No

Give present or most recent employer first, dates of employment, brief description of position, salary, reason for leaving, etc.

1. _____

2. _____

3. _____

4. _____

Have you ever had any gaps in employment of 6 months or more? If yes, please explain below.

Are you related by blood or marriage to anyone employed by Prairie River Library District?

Yes No If yes, give name and relationship to you _____

References

List the names, phone numbers and/or email addresses, and relationship to you of three references (*not* family members):

1. _____
2. _____
3. _____

Please let us know why you would like to work for the library

Certification

I certify that all answers and statements on this application are true and complete to the best of my knowledge. I understand that should an investigation disclose untruthful or misleading answers, my application may be rejected, my name removed from consideration, or my employment may be terminated.

I understand and agree that, if hired, my employment is for no definite period and either Employer or I may terminate our relationship at any time, and that this employment application does not constitute an employment contract.

Signature of Applicant _____ Date _____

VETERAN'S PREFERENCE

If you are NOT claiming Veteran's Preference, please initial here _____ and proceed to Page 5.

Have you previously claimed Veteran's Preference? Yes No

Per Idaho Code, Title 65, Chapter 5, Employer will afford a preference to employment of veterans. In the event of equal qualifications and experience between candidates for an available position, a veteran who qualifies will be preferred. If claiming veteran's preference, please complete the information below and attach a copy of your DD-214 to this application.

(Reference Idaho Code, Title 65, Chapter 5, and 5 U.S.C. § 2108)

The term "**active duty**" means full-time duty in the Armed Forces, but NOT active duty for training.

Part 1. Preference Eligible Veterans:

- I have a service-connected disability of 10% or more.
- I am the spouse of an eligible disabled veteran, who has a service-connected disability.
- I am the widow or widower of an eligible veteran and have remained unmarried.
- I do not meet any of the selections above, but I served on active duty in the armed forces of the United States for a period of more than one-hundred eighty (180) days and was honorably discharged.

Part 2. Documentation & Signature:

By my signature, I certify that all statements on this form are true and complete to the best of my knowledge. I understand that should an investigation disclose inaccurate or misleading answers, my application may be rejected and my name removed from consideration for employment with Employer.

- I have attached a copy of my DD-214. Veteran's preference will not be considered without this document.

Name (Please Print)

Signature of applicant

Date

AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I, _____, an applicant for employment with Prairie River Library District, do hereby authorize a review of and full disclosure of all records or information concerning myself to any duly authorize agent of Prairie River Library District, whether the said records are of a public, private, or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of all records and information of educational institutions; employment and pre-employment records, including background reports, efficiency ratings, complaints or grievances filed by or against me, either criminal or civil, in which I have, or have had any interest or involvement.

I understand that any information obtained during any personal history background investigation which is developed directly or indirectly, in whole or in part, upon this authorization will be considered in determining my suitability for employment by the Prairie River Library District. I hereby agree that any person(s) or entities who may furnish such information concerning me shall not be held liable for providing this information; and I do hereby release said person(s) and entities from any and all liability which may be incurred as a result of furnishing such information.

I further authorize that a photocopy of this signed release form will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

Signature of applicant

Name and signature of witness

Date

Printed name, including all names I have previously used or been known by:

DOB