

Employment Application



**1500 Heart Mountain Street
Cody, WY 82414
307-527-1882**

**Notice
to
Applicants**

The Park County Library System considers applicants without regard to race, color, religion, creed, gender, national origin, age, marital status, the presence of a non-job-related medical conditions or physical disability or any other legally protected status unless related to a bona fide occupational requirement. **Please complete the following information without modifying the form.**

Position Applied For: _____ Application Date: _____

P E R S O N A L I N F O R M A T I O N	Name			
	Last	First	Middle	
	Mailing Address:			
	Street/P.O. Box	City	State	Zip Code
	Email Address:			
	Work Phone: _____ Home Phone: _____ Cell Phone: _____			
	List other names, if any, used on employment or education records:			
	Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? <input type="checkbox"/> Yes <input type="checkbox"/> No			
	Have you ever worked for or are you currently working for the Park County Library System? <input type="checkbox"/> Yes <input type="checkbox"/> No			
	If yes, please provide dates and library name(s):			
	Prior Position(s):			
	Reason(s) for leaving:			
	Do you have relatives working for the Park County Library System? <input type="checkbox"/> Yes <input type="checkbox"/> No			
	If yes, please give their name, position and relationship:			
	Please describe your experience with the following:			
Library Services				
Customer Service				
Computers/Internet				
Rate your knowledge of each from 1-10 with 1 being no experience and 10 being proficient. (If more space is need, please continue on the reverse side of this sheet.)				

E D U C A T I O N	School	Name and Address of School	Course Of Study	Circle Last Year Completed	Did You Graduate?	List Diploma or Degree(s)
	High School			8 9 10	<input type="checkbox"/> Yes	
				11 12	<input type="checkbox"/> No	
	College			1 2	<input type="checkbox"/> Yes	
				3 4	<input type="checkbox"/> No	
	Other (Specify)					

S P E C I A L S K I L L S	Special Skills Relating To The Position For Which You Are Applying: (computers, library training, clerical skills, bookkeeping, accounting, etc.)

Employment Experience

On the following page please list your employment experience. Please begin with your present or most recent job and list your entire work experience with emphasis on experience relevant to this position. Include military service and any volunteer work that provided experience that would help you qualify. If the space provided is not sufficient, you may continue this section on a separate sheet of paper. This information must be completed in full.

Notice to Applicants: Information that you provide on this application is subject to verification. Previous employers may be contacted as references or for verification.

Do you want to be informed before we contact your present employer? Yes No

References: List three (3) references who have knowledge of your ability to perform this job.			
Name of Reference	Complete Mailing Address	Telephone Number	Years Acquainted

Current Employer:	Mailing Address:
Street Address:	Date Employed: From To
Salary/Wage:	Position(s) Held:
Contact Name and Title:	Phone #:
Description of work performed:	
Reason for leaving:	

Employer:	Mailing Address:
Street Address:	Date Employed: From To
Salary/Wage:	Position(s) Held:
Contact Name and Title:	Phone #:
Description of work performed:	
Reason for leaving:	

Employer:	Mailing Address:
Street Address:	Date Employed: From To
Salary/Wage:	Position(s) Held:
Contact Name and Title:	Phone #:
Description of work performed:	
Reason for leaving:	

AUTHORIZATION TO RELEASE INFORMATION

I certify that all information provided in this application is true and complete. I understand that misrepresentation or omission of facts during the application or selection process may disqualify me from further consideration. I understand The Park County Library System may conduct a background investigation, which may include obtaining information from former employees, co-workers or others with knowledge of my work experience. I understand I have the right to make a written request within a reasonable time for the disclosure of the name and address of any consumer reporting agency which may be utilized in the background investigation

I authorize the investigation of any or all statements contained in this application and also authorize any person, school, current employer, past employers and organizations contacted to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements.

I have read, understand and, by my signature, consent to these statements. I authorize investigation of all information contained in this application.

Signature of Applicant	Date
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