



APPLICATION FOR CLASSIFIED PERSONNEL POSITIONS

I. EQUAL EMPLOYMENT OPPORTUNITY

It is the policy of the East Central Regional Library to provide equal employment opportunity for all, without discrimination on the basis of race, color, creed, religion, national origin, sex, marital status, status with regard to public assistance, disability, sexual orientation, or age.

II. DATA PRIVACY NOTICE

The information requested on this application is intended to be used by the Library in determining suitability for employment for the position which you are currently seeking or may seek in the future. You are not legally required to provide any of the information on this form at this time. However, failure to provide complete, accurate information may result in the Library being unable or unwilling to offer employment to you. With respect to any special accommodations necessary for completing your application or the interview processes, the Library may be unable to provide the necessary accommodations if you do not provide the information in Section IV. The information on this application which is classified as private data under the Minnesota Government Data Practices Act will not be released outside the Library without your consent except as necessary for tax purposes or as otherwise required by state or federal law.

III. POSITION DESIRED

Type of position for which you are applying: _____
Location (branch): _____
Date available to begin employment: _____

IV. PERSONAL DATA

Name _____
Last First Middle

Address _____
Street City State Zip

Home phone _____ Alternate Phone _____

E-mail Address _____

Are you either a U.S. citizen or legally eligible to hold employment in the United States? Yes No

Have you previously worked for the Library? Yes No

If yes, position held/department: _____

If yes, under what name may your previous employment records be found? _____

Do you have any special needs which may necessitate accommodations in the application interview process? Yes No

If yes, please describe the type of accommodation requested: _____

List all other names under which you have been employed or under which your employment or educational records may be: _____

V. WORK/VOLUNTEER EXPERIENCE

List all work and volunteer experience, most recent to be listed first.

1. Employer Name:	
Employer Address:	
Job Title:	
Job Duties:	
Dates of Employment/Experience	
Reason for Leaving	

2. Employer Name:	
Employer Address:	
Job Title:	
Job Duties:	
Dates of Employment/Experience	
Reason for Leaving	

3. Employer Name:	
Employer Address:	
Job Title:	
Job Duties:	
Dates of Employment/Experience	
Reason for Leaving	

4. Employer Name:	
Employer Address:	
Job Title:	
Job Duties:	
Dates of Employment/Experience	
Reason for Leaving	

5. Employer Name:	
Employer Address:	
Job Title:	
Job Duties:	
Dates of Employment/Experience	
Reason for Leaving	

6. Employer Name:	
Employer Address:	
Job Title:	
Job Duties:	
Dates of Employment/Experience	
Reason for Leaving	

7. Employer Name:	
Employer Address:	
Job Title:	
Job Duties:	
Dates of Employment/Experience	
Reason for Leaving	

8. Employer Name:	
Employer Address:	
Job Title:	
Job Duties:	
Dates of Employment/Experience	
Reason for Leaving	

Add additional sheets if necessary

VI. LICENSURE

License (include No.)	Issued By	Date	Expiration

All applicable licenses or certifications must be received in the Administrative Office prior to employment commencing. If hired, you remain responsible for ensuring that all applicable licenses remain in effect.

VII. EDUCATION

Include high school and/or institution issuing GED and any additional education/courses taken. Do not list dates of attendance for high school. List most recent first.

Name of School:	
Address of School:	
Degree/Diploma Received:	
Major/Minor	
Dates of Attendance	

Name of School:	
Address of School:	
Degree/Diploma Received:	
Major/Minor	
Dates of Attendance	

Name of School:	
Address of School:	
Degree/Diploma Received:	
Major/Minor	
Dates of Attendance	

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Degree/Diploma Received:	
Major/Minor	
Dates of Attendance	

Name of School:	
Address of School:	
Degree/Diploma Received:	
Major/Minor	
Dates of Attendance	

List/describe any other training and/or experience relevant to the position for which you are applying:

VIII. REFERENCES:

These should be people in a position to discuss your qualifications for the position you seek. Include especially managers, directors, or heads of departments under whom you have worked. Indicate any who are related to you. ECRL reserves the right to contact all prior employers, educational institutions or institutions where you have volunteered in addition to references listed below.

Name of Reference	
Position or Title:	
Address	
Phone Number:	

Name of Reference	
Position or Title:	
Address	
Phone Number:	

Name of Reference	
Position or Title:	
Address	
Phone Number:	

IX. CRIMINAL BACKGROUND INFORMATION

ECRL will request information regarding criminal history in the event that you become a finalist for the position which you are applying. For certain positions, criminal background information will be requested during the application stage. Further, ECRL may conduct a criminal background check on individuals upon making a contingent job offer. Please refer to the job description for this position to determine if such a check will be conducted. If the job description or other application material states that a criminal check will be conducted, no offer of employment shall become final until receipt of the results of the criminal background check from the BCA, the content of which is acceptable to ECRL, and formal approval by the appointing authority.

Applicant acknowledges willingness to provide additional information when requested if warranted:

Yes No

X. VETERAN STATUS

Are you an honorably discharged veteran of the Armed Forces of the United States or are you otherwise eligible to claim Veteran's Preference Points? Yes No

Do you wish to claim Veteran's Preference Points? Yes No Not eligible

If you are a disabled veteran and wish to claim additional points, please check here.

Proof of applicable military status/eligibility, such as a DD214 form, will be required in order to claim preference points. Please attach the DD214 form or forward it within five (5) business days.

XI. PRIOR EMPLOYMENT

Have you ever been discharged or forced to resign from prior employment? Yes No

If so, identify the employer and describe the circumstances:

XII. UNEXCUSED ABSENCES FROM WORK

How many days were you inexcusably absent from work during the preceding three (3) years other than absences due to illness or injury of you or your immediate family?

XIII. PERSONAL STATEMENT

Please indicate why you are interested in the position and what you hope to accomplish if selected:

XIV. CERTIFICATION, ACKNOWLEDGMENT AND RELEASE

I certify that the answers I have given on this application are true and correct to the best of my knowledge. I agree and understand that any false statements, misleading information, or any omission of information contained in this application or any supplemental materials submitted may disqualify me from consideration for employment, or may result in immediate dismissal if discovered at a later date.

I understand, acknowledge and agree that no offer of employment is valid or binding until formal approval by the Director or the appointing authority referenced in the job description and that until such approval that ECRL shall not be liable for any reliance on any oral or written offers of employment made to me.

In connection with this application **I hereby authorize** any and all former employers, organizations where I have volunteered ("volunteer organizations") and references named in this application, or any agent of such a former employer or volunteer organizations, to release to the Library and its agents any and all information regarding my job performance and fitness/qualifications to perform the position I am presently seeking and any other employment or related information, both public and private, in their possession. I understand that the Library will use this information to determine my fitness/qualifications for the position I am seeking. This authorization expires one year from the date of my signature, below.

I hereby release ECRL and all former employers, volunteer organizations and references listed herein and any and all agents acting on behalf of ECRL, former employers, volunteer organizations or references, for any and all liability of whatever nature by reason of requesting or providing such information.

May we contact your current employer? Yes No

Date _____ Signature _____
do not print

***Notice to Applicant:** If you do not agree with any portion of the acknowledgment, certification, authorization and release, cross out that section and initial it.