

APPLICATION FOR EMPLOYMENT

The Hudson Public Library is an Equal Opportunity Employer.

Date: _____

Position applied for: _____

Referral Source: Advertisement Walk-in Friend
Relative Other _____

Last Name: First Name: Middle Initial:

Address: City: State: Zip Code:

Telephone Number(s):

If under 18, do you have parental permission to apply? Yes No

Are you currently employed? Yes No

May we contact your present employer? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration status? Yes No

On what date would you be available for work? _____

Are you available to work: Full time Part time Temporary

Are you currently on "lay-off" status and subject to recall? Yes No

Are you currently serving in or are you a veteran of the United States Armed Forces?

Yes No

Have you ever been convicted of a felony? Yes No

If Yes, please explain _____

	Name & Address of School	Course of Study	Years Completed	Diploma/ Degree
Elementary School				
High School				
Undergraduate				
Graduate				

Describe any specialized training, apprenticeship, skills, and extra-curricular activities.

List professional, trade, business or civic activities and offices held.

EMPLOYMENT EXPERIENCE

Start with your present or last job.

Employer

Address

Telephone

Job Title

Supervisor

Dates Employed

Hourly Rate/Salary

From

To

Start

Final

Work Performed

Reason for Leaving

Employer

Address

Telephone

Job Title

Supervisor

Dates Employed

Hourly Rate/Salary

From

To

Start

Final

Work Performed

Reason for Leaving

Employer

Address

Telephone

Job Title

Supervisor

Dates Employed

Hourly Rate/Salary

From

To

Start

Final

Work Performed

Reason for Leaving

Personal References

Please list three personal references to whom you are not related. Include contact information.

Name	Telephone
Address	
Name	Telephone
Address	
Name	Telephone
Address	

Skills and Experience

Please describe any computer skills and experience including application software at which you are proficient.

Please describe any skills and experience in the area of customer service.

Please describe any volunteer services you have performed.

Please share any additional information you feel may help us in considering your application.

By signing this application, I certify: That this application is complete and accurate. I have not made any attempt to conceal information. In the event of employment, I understand that false or misleading information given in my application or interviews may result in discharge. If requested, I agree to undergo a medical examination and/or drug screening and understand that medical approval may be required prior to employment. I have noted that the City of Hudson is an equal opportunity employer and that all applicants receive lawful consideration for employment without regard to Race, Religion, Color, Creed, Sex, Age, National Origin, Disability, Marital or Veteran Status. I understand that as an at-will employee my employment can be terminated at any time and I can resign at any time, with or without cause.

This application for employment will be considered active for a period of time not to exceed six months. Applicants wishing to be considered for employment beyond this time period will be required to complete a new application.

Signature:

Date:
