

Application for Employment Instructions:

No walk-ins or phone applications will be accepted. Potential candidates for any jobs will receive a phone call or letter regarding their status after all applications are received.

Copy and paste the application below into your word processing software. Fill it out and mail it to the Breckenridge Library Board 209 North Breckenridge Ave., Breckenridge, TX 76424. Be sure to attach a copy of your resume to the application before mailing the application. All applications are confidential and are kept on file for six months.

BRECKENRIDGE LIBRARY APPLICATION FOR EMPLOYMENT

INSTRUCTIONS: Print in black ink or type all information. Fill out the form completely. If questions are not applicable, enter "NA". Do not leave any questions blank. Be sure to sign the form when completed. The Breckenridge Library is an equal opportunity employer and does not discriminate on the basis of race, color, national origin, sex, religion, age, or disability in employment or the provision of services. Resumes will not be accepted in lieu of applications, unless specifically stated in the job vacancy notice. This application becomes public record and is subject to disclosure and may be reviewed by the Breckenridge Library Board and the Breckenridge Library and Fine Arts Foundation Board.

NAME _____ Social Security No. _____ - _____ - _____

MAILING ADDRESS _____ AC (____) _____

E-MAIL ADDRESS _____ AC (____) _____

Current Driver's License No. _____

(Some driving may be required)

Check the type of work for which you are applying:

____ Director

____ Assistant Librarian

____ Custodian

____ Adult Volunteer (Over 18) Paid _____ Unpaid _____

Do you have any relatives working for the library? _____ yes _____ no

Do you have any relatives serving on the Library Board or on the Library Foundation Board? _____ yes _____ no

What days are you unable to work? _____

Have you ever been convicted of a felony or subjected to a deferred adjudication on a felony charge? ____yes____no

If the answer is "yes", explain in concise detail on a separate sheet of paper, giving the dates and nature of the offense, the name and location of the court, and the disposition of the case(s). A conviction may not disqualify you, but a false statement will. The Breckenridge Library performs back ground checks on all employees and volunteers and may require drug testing.

EDUCATION (Note: Applicants may be required to provide proof of diploma, degree, transcripts, licenses, certifications, and registrations.)

Indicate Highest Grade Completed: 1 2 3 4 5 6 7 8 9 10 11 12

Did you graduate from high school or receive GED? ____yes ____no

Name and Location of School_____

Dates Attended_____Date Graduated_____Sem Hours Completed_____

Type of Diploma or Degree_____

Major/Minor Fields of Study_____

Name and Location of School_____

Dates Attended_____Date Graduated_____Sem Hours Completed_____

Type of Diploma or Degree_____

Major/Minor Fields of Study_____

Name and Location of School_____

Dates Attended_____Date Graduated_____Sem Hours Completed_____

Type of Diploma or Degree_____

Major/Minor Fields of Study_____

COMPUTER SKILLS:

____ Yes I have computer skills. ____ No I do not have computer skills. If Yes, describe your skills below.

Approximately how many words per minute do you type? _____

Do you have an email address? ____ yes ____ no

Check the software below that you can use with proficiency.

___ WordPerfect ____ Microsoft Word ____ Microsoft Works

___ Quatro Pro ____ Excel ____ Quickbooks

___ Microsoft Access ____ Outlook/ Outlook Express ____ First Publisher

___ Adobe Acrobat ____ Printshop ____ Front Page

___ Other: describe _____

SPECIAL SKILLS:

Sign language ____ Yes ____ No Are you a certified interpreter? ____ Yes ____ no

Spanish ____ Yes ____ No Read it? ____ Write it? ____ Speak it? ____

Other languages (be specific) _____

EMPLOYMENT HISTORY: (Start with present or last position) Attach extra pages if necessary.

Employer: _____

Complete Address: _____

Position Title: _____ From _____ To _____

Duties: _____

Salary: Beginning _____ Last _____

Reason for leaving: _____

Employer: _____

Complete Address: _____

Supervisor: _____ Phone: _____

Position Title: _____ From _____ To _____

Duties: _____

Salary: Beginning _____ Last _____

Reason for leaving: _____

Employer: _____

Complete Address: _____

Supervisor: _____ Phone: _____

Position Title: _____ From _____ To _____

Duties: _____

Salary: Beginning _____ Last _____

Reason for leaving: _____

Employer: _____

Complete Address: _____

Supervisor: _____ Phone: _____

Position Title: _____ From _____ To _____

Duties: _____

Salary: Beginning _____ Last _____

Reason for leaving: _____

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY AND INDICATE YOUR

UNDERSTANDING AND ACCEPTANCE BY SIGNING IN THE SPACE PROVIDED.

1. I certify that all the information provided by me in connection with my application, whether on this document or not, is true and complete, and I understand that any misstatement, falsification, or omission of information may be grounds for refusal to hire or, if hired, termination.
2. I understand that as a condition of employment, I may be required to provide legal proof of authorization to work in the U.S.
3. I understand that the Library may check with the Texas Department of Public Safety, the Federal Bureau of Investigation or other organizations, for any criminal history in accordance with applicable statutes and a drug test may be requested.
4. I authorize any of the persons or organizations referenced in this application to give you any and all information concerning my previous employment, education, or any other information they might have, personal or otherwise, with regard to any of the subjects covered by this application, and I release all such parties from all liability from any damages which may result from furnishing such information to you.
5. I understand that disclosure of my Social Security Number (SSN) is optional unless I am hired. The Library may use the SSN for payroll purposes and/or for identification of individuals employed. Volunteers do not need to disclose their SSN for any reason. This is in accordance with the Federal Law U.S.C. 552a Section 7(b).

THIS APPLICATION MUST BE SIGNED (Sign Here)

Signature — Applicant

Date _____