



1515 SW 10th Ave.  
 Topeka, KS 66604  
 785-580-4492 Fax 785-580-4496  
 www.tscpl.org

# Employment Application

We are an equal opportunity employer. It is our policy that all applicants be considered solely on the basis of qualifications and ability without regard to race, religion, color, sex, age, national origin, disability, or veteran status. Please complete the application in its entirety and answer all questions completely. Indicate N/A if not applicable. Do not indicate "see resume." resume may be attached to provide additional supporting information. Incomplete job applications may not be given consideration for employment. Please complete one application for each position. Applications are kept on file for 30 days from the applicant signature date.

POSITION	A			DATE
NAME Last	First	MI	SS#	
ADDRESS Street	City	State	Zip	
PHONE	CELL or ALT. PHONE	E-MAIL		

Do you have the legal right to reside and work in the United States of America?  Yes  No  
*Proof of citizenship or work authorization will be required for employment.*

Availability for work?  Full-time  Part-time  On-call  Date available for work: \_\_\_\_\_

Have you been previously employed here?  Yes  No If yes, list date & position: \_\_\_\_\_

Do you have relatives or a member of your household working at TSCPL? \_\_\_\_\_ If yes, whom? \_\_\_\_\_

Did you work for any employers or attend any schools under a different name than above?  Yes  No  
 If yes, which employer or school and under which name(s) \_\_\_\_\_

Have you ever pled "guilty" or "no contest" to, or been convicted of a crime?  Yes  No If yes, please provide dates and details. \_\_\_\_\_

## Employment History

Please begin by listing information from your most recent employer. If attaching resume, please DO NOT indicate "see resume" but complete employment history in its entirety.

EMPLOYER	PHONE	DATES EMPLOYED
ADDRESS		YOUR JOB TITLE
CITY	STATE ZIP	SUPERVISOR NAME
DUTIES (LIST)		MAY WE CONTACT YOUR SUPERVISOR AS A REFERENCE?
		STARTING SALARY
REASON FOR LEAVING		FINAL SALARY

EMPLOYER	PHONE	DATES EMPLOYED
ADDRESS		YOUR JOB TITLE
CITY	STATE ZIP	SUPERVISOR NAME
DUTIES (LIST)		MAY WE CONTACT YOUR SUPERVISOR AS A REFERENCE?
		STARTING SALARY
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EMPLOYER	PHONE	DATES EMPLOYED
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CITY	STATE ZIP	SUPERVISOR NAME
DUTIES (LIST)		MAY WE CONTACT YOUR SUPERVISOR AS A REFERENCE?
		STARTING SALARY
REASON FOR LEAVING		FINAL SALARY

Check here if you have other work-related or volunteer experience that is applicable to the position applied for. Please see the Supplemental Employment History Form, or attach additional information (resume, etc.).

## Educational Information

Name of Institution (include city/state)	Did you graduate?		Degree/Diploma/Cert./GED	Major/Minor
HIGH SCHOOL	YES	NO		
COLLEGE	YES	NO		
COLLEGE	YES	NO		
OTHER	YES	NO		

Do you hold a Master's Degree in Library Science?  Yes  No If yes, what school? \_\_\_\_\_  
 Is this school ALA accredited?  Yes  No

## Special Skills & Qualifications

Indicate below any experience, special training, skills, licenses, or certifications not provided in other parts of this application that may assist you in performing the position for which you are applying: \_\_\_\_\_

Please list below your skills in working with office and/or other equipment by listing the various types.

Please list below your computer skills by listing any software, hardware, e-mail, Internet, word processing, spreadsheets, and other computer skills that apply.

Office, Maintenance & Library Equipment Skills	Years of Experience	Hardware/Software Skills	Years of Experience

## References

*Please list three business/work/professional references below, who are **not** related to you. If not applicable, list three school or personal references who are **not** related to you.*

NAME	TITLE	RELATIONSHIP TO YOU	TELEPHONE	YEARS KNOWN

## Applicant Statement

*Please read carefully before signing*

My signature below certifies that all information I have provided on this application or any attached document is complete, true and correct. I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to eliminate me from further consideration of employment, or may result in my immediate discharge from TSCPL's service, whenever it is discovered. I expressly authorize, without reservation, TSCPL, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities, and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume and/or job interview. I hereby waive any and all rights and claims I may have against TSCPL, its agents, employees or representatives for seeking, gathering and using information, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me. I understand that TSCPL does not unlawfully discriminate in employment and no questions on this application are used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state or federal law. If I am hired, I understand that I am free to resign at any time, with or without prior notice, and that TSCPL reserves the same right to terminate my employment at any time without cause and without prior notice. This application does not constitute an agreement or contract for employment for any period or duration. I understand that no representative of TSCPL is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the Executive Director of TSCPL. I understand that a pre-and/or post-employment drug screen, a criminal history record check, and a physical capacity testing are required as a condition of employment. I understand that if I am extended an offer of employment that it may be conditioned upon my successfully passing a complete pre-employment screening. I consent to the release of any or all medical information as may be deemed necessary to judge my capability to do the work for which I am applying.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Applicant Signature \_\_\_\_\_

Date \_\_\_\_\_