



# BUENA PARK LIBRARY DISTRICT

7150 La Palma Avenue • Buena Park, CA 90620 • PH 714-826-4100 • FAX 714-826-5052

## APPLICATION FOR EMPLOYMENT

**Answer all questions accurately and completely. Incomplete applications may be disqualified.**

Position Applying For:		Date:	
Name (Last, First Middle)		Social Security No. — — —	
Address		California Drivers License No.	
City, State, Zip		Willing To Work <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Date Available to Start:
Contact Phone Number	Email address	Are You Over 18 Years of Age? <input type="checkbox"/> Yes <input type="checkbox"/> No	

### EDUCATION

Highest Grade Completed:	Name and Location (City/State) of Last High School Attended:		
Name & Location of College/University Attended	Years Completed	Credits Completed	Type of Degree
Other Schools or Training. List Name, Location, Subjects Studied, Certificates Received, and Any Other Pertinent Data. Use a separate sheet if necessary:			
Computer Experience. Be specific. Use a separate sheet if necessary:			
Do you type? If yes, approximate words per minute: <input type="checkbox"/> Yes WPM _____ <input type="checkbox"/> No		Fluent in a foreign language? If yes, please explain: <input type="checkbox"/> Yes <input type="checkbox"/> No	

### AVAILABILITY

List the specific hours you are currently available to work on each day of the week.

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

### REFERENCES

List three people who are not related to you and have knowledge of your qualifications. Do not repeat supervisor names listed under experience.

Full Name	Address	Phone Number	Relationship

## WORK EXPERIENCE

List all jobs held in the last 10 years beginning with the most recent. Attach an additional sheet if necessary.

Employer		Kind of Business		Phone Number	Brief Description of Work
Address		Job Title		Supervisor's Name	
Dates of Employment		Monthly Salary		May we contact your employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Started	Left	Beginning	Ending	Reason for Leaving	

Employer		Kind of Business		Phone Number	Brief Description of Work
Address		Job Title		Supervisor's Name	
Dates of Employment		Monthly Salary		May we contact your employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
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Start	Left	Beginning	Ending	Reason for Leaving	

Employer		Kind of Business		Phone Number	Brief Description of Work
Address		Job Title		Supervisor's Name	
Dates of Employment		Monthly Salary		May we contact your employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Start	Left	Beginning	Ending	Reason for Leaving	

Have you ever been fired or forced to resign from a position? If yes, please explain:					
<input type="checkbox"/> Yes <input type="checkbox"/> No					
Do you have any physical condition which may limit your ability to perform the job applied for? If yes, please explain what can be done to reasonably accommodate your limitation:					
<input type="checkbox"/> Yes <input type="checkbox"/> No					
Are you a CalPERS RETIRED Annuitant?			Are you now or have you ever been a member of CalPERS?		
<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No		

**READ THIS STATEMENT BEFORE SIGNING:** I hereby certify that the information supplied on this Application is true and correct to the best of my knowledge. I understand that any misrepresentation, falsification or omission of information on this Application may result in my failure to receive an offer of employment, or if I am hired, may result in discharge from employment. Unless otherwise noted, I agree that any statement I have made herein may be verified by the District. Verification will include contact with my former employers. I understand that all offers of employment are conditional based upon the successful completion of a medical examination (which will include a drug screening), background and reference checks.

The Buena Park Library District is an equal opportunity employer and, therefore, abides by the principles of equal opportunity to all individuals regardless of age, gender, ethnic background, personal, religious or political beliefs, physical handicaps or personal life styles.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date