Samuels Public Library		SAMUELS PUBLIC LIBRARY Application for Employment (An Equal Opportunity Employer) 330 East Criser Road, Front Royal, VA 22630 540-635-3153			
NAME	Social Security Number				
Note: Completion of SSN is option	nal. Failure to submit SSN on this form will	not prohibit employme	nt consideration. SSN may be required	l on other forms prior to employme	
PRESENT ADDRESS					
ARE YOU 18 YEARS O	RE YOU 18 YEARS OR OLDER?yesno		APAR'	APARTMENT NO.	
EMAIL ADDRESS					
IN CASE OF AN EMER					
NOTIFY	Name		Address	Phone No.	
EDUCATION SCHOOL LEVEL HIGH SCHOOL	NAME AND LOCATION OF SCHOOL	DATES ATTENDED	DEGREE/CERTIFICATE (YEAR)	MAJOR SUBJECTS STUDIED	
COLLEGE					
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL					
SPECIAL SKILLS (i.e., o	clerical, computer, foreign languag D FROM LAWFULLY BECOMIN JS?YESN	ge, etc.)		SE OF VISA OR	
	ace with Section 2.2-2903 of the Co If yes, please attach a full copy HUMAN H		n 214.	ned Forces of the United	
Contact for Interview: Decline (reason):	Copy to: rior application: Date: YesNo Interview Dat	te:	Reschedule Date		

May we contact your present employer(s)?\_\_\_Yes\_\_\_No

CURRENT/FORMER EMP	LOYERS (List below last three em	ployers, starting with most recent	t one first)	
NAME AND ADDRESS OF P	RESENT OR LAST EMPLOYER _			
STARTING DATE/ Month/Year	LEAVING DATE/ Month/Year	STARTING SALARY	FINAL SALARY	
JOB TITLE	MAY WE CON	TACT YOUR SUPERVISOR?		
NAME & TITLE OF SUPERVISOR		PHONE 1	NO	
DESCRIPTION OF WORK				
REASON FOR LEAVING				
NAME AND ADDRESS OF PREVIO	US EMPLOYER			
STARTING DATE/ Month/Year	LEAVING DATE/ Month/Year	STARTING SALARY	FINAL SALARY	
JOB TITLE	MAY WE CON	TACT YOUR SUPERVISOR?		
NAME & TITLE OF SUPERVISOR		PHONE N	NO	
DESCRIPTION OF WORK				
REASON FOR LEAVING				
STARTING DATE/ Month/Year	US EMPLOYER LEAVING DATE/ Month/Year MAY WE CON	STARTING SALARY	FINAL SALARY	
NAME & TITLE OF SUPERVISOR		PHONE N	NO	
DESCRIPTION OF WORK				
REASON FOR LEAVING				
HAVE YOU BEEN EVER BEEN CONVICTED OF A FELONY OR MISDEMEANOR?   Misdemeanor:Yes NoFelony:Yes NoIf Yes, provide date(s) and nature of offense(s):   Date: Nature of Offense:   Date: Nature of Offense:   (Note: You will not be denied employment solely because of a conviction record, unless the offense is related to the job for which you have applied).   REFERENCES: List the names of three persons NOT related to you who have knowledge of your qualifications for this job.				
<b>REFERENCES:</b> List the nan	nes of three persons NOT related to	o you who have knowledge of you	r qualifications for this job.	
NAME	ADDRESS/TELEPHONE	RELATIONSHIP	YEARS ACQUAINTED	
1				
2				
3				

## AUTHORIZATION TO RELEASE INFORMATION

I hereby certify that all entries on this application are true and complete to the best of my knowledge, and I agree and understand that any falsification of information herein, regardless of time of discovery, may cause forfeiture on my part to any employment in the service of Samuels Public Library.

I hereby authorize any investigator or duly accredited representative of Samuels Public Library, bearing this release, or a copy thereof, within one (1) year of its date, to obtain any information from schools, residential management and/or credit agents, employers, criminal justice agencies, or any individual or business that can attest to my personal or professional activities. This information may include, but is not limited to, academic achievement, performance, attendance, personal history, training, disciplinary actions, credit, driving, criminal, civil court records and conviction and arrest records.

I hereby authorize and request your release of such information upon request of the bearer. I understand that the information released is for official use only by authorized agents of Samuels Public Library, as necessary in the fulfillment of official responsibilities.

I hereby release any individual, including record custodians, from any and all liability for damages of whatever kind or nature which may at any time result to me on account of compliance, or any attempts to comply with this authorization. Should there be any question as to the validity of this release, you may contact me as indicated below.

I hereby understand and acknowledge that unless otherwise defined by applicable law, any employment relationship with Samuels Public Library is of an "at will" nature, which means that employment is not for any specific time period or duration, and that the employee may resign at any time and the employer may discharge employee at any time with or without cause. While the County's employment practices may change from time to time, employee's at will status may only be changed by official approval of Samuels Public Library Board of Trustees in accordance with Samuels Public Library Policy.

SIGNATURE	DATE
PRINT NAME	TELEPHONE
F (54 (5 <u>w</u>	RESOURCES DEPARTMENT 330 East Criser Road ront Royal, VA 22630 40) 635-3153 Telephone 40) 635-5653 Facsimile ww.samuelslibrary.net al Opportunity Employer
	applicants for employment shall be afforded equal opportunity

in all aspects of employment without regard to race, color, religion, gender, national origin, age, disability, marital status, or political affiliation. The Library also complies with all applicable laws governing employment practices and does not discriminate on the basis of any unlawful criteria.