



651 W. Beverly Street
 Elizabeth, CO 80107
 303-646-3792

EMPLOYMENT APPLICATION FORM

Exact Job classification for which you are applying: How did you learn of this position?				
Last Name	First Name	Middle Initial		
Mailing Address	City			Other name(s) used
County	State	Zip Code	Home Phone	Work Phone
Elbert County Library District dba Pines & Plains Libraries is an equal opportunity employer and does not discriminate against any person in recruitment, examination, appointment, training, promotion, retention, or any other personnel action, because of political or religious opinions or affiliations because of race, color, national origin, sex, age, disability, or other non-merit factors. The Library District does not give preference to current district employees when the applicants are otherwise equally qualified.				
EMPLOYMENT HISTORY				
Show all employments: Start with the most recent employer, then list previous by date order.				
Employed by:			Your Job Title:	
Address:			Your Duties:	
City & State:				
Supervisor		Phone:		
Supervisor's Title:				
Employed From (Mo./Yr.)		To (Mo./Yr.)		
Average hrs. worked per week				
Why did you leave?				
Employed by:			Your Job Title:	
Address:			Your Duties:	
City & State:				
Supervisor		Phone:		
Supervisor's Title:				
Employed From (Mo./Yr.)		To (Mo./Yr.)		
Average hrs. worked per week				

Why did you leave?	
Employed by:	Your Job Title:
Address:	Your Duties:
City & State:	
Supervisor	Phone:
Supervisor's Title:	
Employed From (Mo./Yr.)	To (Mo./Yr.)
Average hrs. worked per week	
Why did you leave?	

SPECIAL DATA: Have you ever been employed with Elbert County Library District?	Yes	No	Show Above
May we contact your present employer NOW regarding your qualifications, character, etc.?	Yes	No	
Have you been fired or asked to resign from any job in the past five years?	Yes	No	Show Above

EDUCATION	GED Certificate	Number	Date	Place Test Taken	
High School	Name/Address		Completed?	Diploma Rec'd ___ Yes ___ No	Courses Taken
Business/Trade School	Name/Address		Completed?	Certif. Rec'd ___ Yes ___ No Type	Courses Taken
College	Name/Address		Completed?	Degree Rec'd ___ Yes ___ No Type	Major
College	Name/Address		Completed?	Degree Rec'd ___ Yes ___ No Type	Major
Other	Name/Address		Completed?	Degree Rec'd ___ Yes ___ No Type	Major

AUTHORIZATION AND CERTIFICATE:
I authorize you, at the time of my application for employment or during the course of employment, to obtain information from any source as to my education, experience, character, background, medical history, financial or credit record as it relates to the position for which I am being considered, or which I may be employed, if I am a successful applicant.
I certify that my statements in this application are true, complete and correct to the best of my knowledge and belief. I understand that any falsification or omission of information may remove my name from the eligible list or, if I have been appointed cause my dismissal from this position. I also agree that ALL statements made on this application may be investigated.

DATE: _____ SIGNATURE: _____