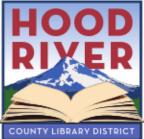
Employment Application



Basic information

Applicant name:		
Full mailing address:		
Email:	Phone:	
Position(s) being applied for:		
How did you hear about this opportunity?:		

Status changes for current employees

If necessary, attach additional sheets using the same format.

School/program name	City, State	Graduated?	Degree/area of study

Employment/volunteer history

Please begin with your most recent or current position.

Position #1

From (mo/yr): To (mo/yr):	Title:
Company name:	Company city, state:
Supervisor name:	Supervisor title:
Supervisor email:	Supervisor phone:
Duties and responsibilities:	
Reason for leaving:	

502 State Street Hood River · OR 97031

541 386 2535

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Position #2

From (mo/yr):	_ To (mo/yr):	Title:
Company name:		Company city, state:
Supervisor name:	· · · · · · · · · · · · · · · ·	Supervisor title:
Supervisor email:	· · · · · · · · · · · · · · · · · · ·	Supervisor phone:
Duties and responsib	oilities:	
Reason for leaving:		
Position #3		
From (mo/yr):	_ To (mo/yr):	Title:
Company name:		Company city, state:
Supervisor name:		Supervisor title:
Supervisor email:		Supervisor phone:
Duties and responsib	oilities:	
Reason for leaving: _		
Position #4		
From (mo/yr):	_ To (mo/yr):	Title:
Company name:		Company city, state:
Supervisor name:		Supervisor title:
Supervisor email:		Supervisor phone:
Duties and responsib	oilities:	
Reason for leaving: _		

Please detail any other relevant positions on your résumé.

Other qualifications

Membership in professional/community organizations

Relevant computers programs and equipment in which you're proficient

Languages spoken and fluency level:	
Applicant certification Can you perform all of the functions listed in the job description with or without reasonable accommodation?	Yes No
Names of relatives or business partners employed by the Dis	strict, including your relationship.

I certify that all information in my application materials submitted to Hood River County Library District (HRCLD) is true, correct, and complete. I understand that falsifying or omitting facts or important information in any of my application materials is grounds for immediate dismissal.

I consent for HRCLD to contact any of my references, employers (please note if you do not want us to contact), and educational institutions regarding my qualifications, work record, work habits, and performance. I release said parties from all liability for damages which might results from discussing these matters.

I permit HRCLD to conduct a background check on me, with notification to me before it occurs. The check will cover criminal history and, if relevant, driving history in Oregon State and federal law enforcement agencies.

I certify that I am legally eligible to be employed in the United States and will be required to complete a federal I-9 Employment Eligibility Verification within three days of the date employment begins.

If employed, I shall willingly comply with all policies of HRCLD. I also understand that job placement does not guarantee permanent employment.

Δ	חח	licant	signature: _	
	PP	iicaiic	signature.	

Date: _____

Digital signatures are permissible.

Qualified applicants will receive consideration for employment without regard to race, color, religion, sex, national origin, sexual orientation, gender identity, disability or protected veteran status. Please review the Equal Employment Opportunity statement (<u>http://l.usa.gov/ITF9Ob5</u>) and supplement (<u>http://l.usa.gov/IrWaDWB</u>). HRCLD also subscribes to the principles of pay transparency (<u>http://bit.ly/IT8T3uM</u>).