

Rolling Hills Consolidated Library Administrative Offices 1912 North Belt Hwy. St. Joseph, MO 64506 Telephone (816) 236-2106 Fax (816) 236-2133

## **Application for Employment**

This is your application for a position with the Rolling Hills Consolidated Library. Attach additional sheets if necessary. Qualified applicants are considered for employment without regard to race, color, religion, national origin, sex, age, marital or veteran status, medical condition or disability. The Rolling Hills Consolidated Library is a governmental entity subject to Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990, which require that otherwise qualified handicapped or disabled individuals be protected from discrimination.

Please answer all questions. Please print in ink or type all answers. Attach a resume or cover letter if desired.

Position for which you are applying:			
NAME (Last, First Middle):	Today's Date		
CURRENT ADDRESS:	CITY/STATE/ZIP:		
HOME TELEPHONE: AL	ALTERNATE TELEPHONE:		
Are you at least 16 years of age?YesNo Do you	ı have a valid Missouri driver's license?YesNo		
Do you have a valid commercial driver's license? Yes	_No If Yes, Class/Type?		
Have you previously been an employee of the River Bluffs Regiona	l Library, the St. Joseph Public Library, or the Rolling Hills		
Consolidated Library?Yes No (If yes, please list locat	ion & dates)		
Please list the name and relationship of any present Rolling Hills Co	onsolidated Library employee and/or trustee to whom you are		
related by birth or marriage: (If none, please indicate none.)			
Are you available to work Full timePart time	Temporary		
Please list any restrictions or limits on available hours to work			
When are you available to begin work? Lis	t acceptable wage/salary range:		
Are you currently employed?YesNo	we contact your present employer?YesNo		
Special Skills & Qualifications:			
Can you type?Yes No Estimated WPM:	Do you have computer experience?YesNo		
Please note any computer hardware, software, special skills, or other qualifications acquired from employment or other experience:			
E-MAIL ADDRESS			
General Information: Have you pled guilty to or been convicted of a felony, or pled nolo	contendere (no contest) to a felony within the last seven years?		
YesNo A "Yes" response does not automatically di	squalify an applicant from employment. If "Yes", please explain:		
Do you believe you are able to perform the general duties and essen	tial functions listed in the job description for this position, with or		
without reasonable accommodation?YesNo			
If the answer is "No," please explain.			
Note: The Rolling Hills Consolidated Library may require applican	s to demonstrate their ability to perform the essential functions of		

the positions for which they are being considered.

You may attach a description of any honors earned, specialized training, apprenticeships or any other knowledge, skills,

abilities, education, or experience acquired which you believe will be helpful to us in considering your application.

Form Updated: 4/29/2015

Education:	High School or GED	Undergraduate College/University	Graduate/Professional
School Name & Location:			
Years Completed OR Year of Graduation:			
Diploma/Degree:			
<b>References:</b> Give names, addresses an	d telephone numbers of three re	eferences who are not related to you and	who are not previous employers:
1			
2			
organizations which indic	last job. Include any job-relate race, color, religion, gender	ed military service assignments and volu , national origin, handicap/disability or	other protected status.
Employer	Gi. (g /Zi	Dates employed: from	to
Address	City/State/Zip	Telephone r	number (s)
Hourly rate/Salary: Starti	ng Final	Supervisor's Name Reason for Leaving:	
	:		
Employer		Dates employed: from	to
Address	City/State/Zip	Telephone r	number (s)
Job Title		Supervisor's Name	
Hourly rate/Salary: Starting	ngFinal	Reason for Leaving:	
Describe work performed	:		
Employer		Dates employed: from	to
Employer		Bates employed. If of the control of the cont	
Job Title	City/State/Zip	Supervisor's Name	
		Reason for Leaving:	
	:1 mar		
		5	
Employer	C'1 /S1 1 / Z'	Dates employed: from	to
Address	City/State/Zip	Telephone r	number (s)
JOD TILIE	ng Final	Supervisor's Name Reason for Leaving:	
Describe work performed	riilai	Keason for Leaving	
Applicant's Statement: I hereby authorize the Rointerviewing former emplements and other prinformation provided in the Consolidated Library from the Rolling Hills Consolidated Rolling Hills Consolidated Library from the Rolling Hills Consolid	lling Hills Consolidated Library oyers and to conduct any other ablic agencies, courts, schools, his application, as well as evalu an all liability and responsibility or in this application is cause for dated Library. I may be asked t	to obtain verification of the information interviews that it deems appropriate. I a employers, companies, and corporations ation of my prior performance. I release arising from their doing so. I understant cancellation of the application and/or so provide birth date, Social Security Nucheck. ONLINE APPLICANTS, please	n provided in this application by authorize all persons, law to supply verification of the e them and the Rolling Hills and that misrepresentation or separation from employment with mber, and/or a driver's license
Online Applicant Initials:	Signature		_ Date

NOTE: Applications are not automatically reviewed for future vacancies. In order to be considered for future advertised positions, applicants will need to reapply to the Administrative Office of the Rolling Hills Consolidated Library.