

EMPLOYMENT HISTORY

Include relevant employment history starting with the most recent position and working backwards in time.

Employer name	Supervisor's name
Employer Address	Phone Number
Job Title	Number of Hours Worked /Week
Dates Worked: From To	Reason for leaving
Summarize the nature of work performed and job responsibilities	

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ADDITIONAL INFORMATION

How did you hear about this position? Social Media Website Newsletter MRL Employee

If other, please list. _____

Do you have any special skills, experience, certification and/or training that would enhance your ability to perform the duties of the position applied for? If yes, please list.

May we speak to your listed references about your qualifications, character and employment record? Yes No No

REFERENCES

Give the names of three people not related to you, whom you have known at least two years.

Reference's Name	Contact Information (phone and/or email)	Business Name	Relationship

NOTE: Massanutten Regional Library does a full background check on all newly hired employees using either the Virginia State Police (SP-167 Criminal History & Sex Offender and Crimes Against Minors Name Search) or ADP (Social Security Number search, criminal history, and education reference check).

Please read carefully before signing.

I understand that neither the completion of this application nor any other part of my consideration for employment establishes an obligation for Massanutten Regional Library to hire me. If I am hired, I understand that either Massanutten Regional Library or I can terminate my employment at any time and for any reason, with or without cause and with or without prior notice. I understand that no representative of Massanutten Regional Library has the authority to make any assurance to the contrary.

I attest with my signature below that I have given true and complete information on this application. No requested information has been concealed. I authorize Massanutten Regional Library to contact references provided for employment reference checks. If any provided information is untrue, or if I have concealed material information, I understand that this will constitute cause for the denial of employment or immediate dismissal.

Signature _____ Date _____

THIS APPLICATION IS VALID ONLY FOR 60 DAYS FROM THE DATE ABOVE.