RAY COUNTY LIBRARY APPLICATION FOR EMPLOYMENT

Please complete this application in full to be considered for employment. If you would like to provide additional information, such as a resume or cover letter, please enclose with this application. Applications are accepted via email at: library.director.rcl@gmail.com, and at the Ray County Library: 215 East Lexington St., Richmond, MO 64085. If you have questions, please call 816-776-5104.

Date: _____

Name:		
		State:Zip:
	-	1
Email Address:		
Oate you can begin work:		
Are you legally authorized to according of citizenship or immigration states.		ent.)
Are you related to anyone on the	library staff or board?	
f yes, whom?		
work for the Ray County Library) Are you 18 years of age or older? background checks on all new ememory EDUCATION:	YES NO (Note:	The Ray County Library conduct age or older.)
School Name	Location	Degree or Hours Earned
High School		
College		
College		
College Other		

EMPLOYMENT HISTORY:

Please list your previous employment and supervisory experience, beginning with your present employer. Include all employment experience for the past 10 years. If necessary, please attach additional sheet(s).

Employer:				
Address:				
Phone:	Job Title:			
Dates employed:	to		Ending Salary:	
Description of duties:				_
Supervisor's name & title:				
Reason for leaving:				
May we contact this employer?				
Employer:				
Address:				
Phone:				
Dates employed:	to		Ending Salary:	
Description of duties:				
Supervisor's name & title:				
Reason for leaving:				
May we contact this employer?				

Employer:					
Address:					
Phone: Job Title:					
Dates employed:	to	Ending	Salary:		
Description of duties:					
Reason for leaving:					
May we contact this emple	oyer?				
experience or other qualifi	cormation such as special ski	oful to us in considering	g your application:		
can provide a professional					
Name	Relationship	Phone	Email		

EMPLOYEMENT QUESTIONS:

1.	(Exclude traffic offense than \$100.00.)		U ,	•		
2. Has the Missouri Division of Family Services or similar agency in any other state or jurisd ever issued a determination or finding of cause or reason to believe or suspect that you have engaged in physical, emotional, psychological or sexual abuse or neglect of a child?						
If the a	answer to either of the for	regoing questions is	"yes" pleas	e explain; use a sepa	rate sheet if	
	LABILITY: list all times that you are					
Monda	ays to	Tuesdays	to	Wednesdays	to	
Γhurso	days to	Fridays	to	_ Saturdays	to	
f I am withou my wo the inc	by state that the information employed and the information of the info	nation is found to be reby authorize my fo ts, and my work per al references to relea	e false in any ormer emplo formance w	y respect, I will be su oyers to release infor hile in their employ.	abject to dismissal mation pertaining to I hereby authorize	
e for	rstand and agree that if I no definite term and that yment relationship at any	either I or the Ray (County Libra	ary will have the rigl	ht to terminate the	
Signat	ure:			Date:		
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IT IS THE POLICY OF THE RAY COUNTY LIBRARY TO PROVIDE EQUAL EMPLOYMENT OPPORTUNITIES WITHOUT REGARD TO RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, AGE OR HANDICAP.