629 Poyntz Avenue • Manhattan, KS 66502 785-776-4741 • www.mhklibrary.org

Employment Application

INSTRUCTIONS - PLEASE READ CAREFULLY

All requested information must be furnished. Fill in all spaces accurately and completely. If an item does not apply to you, or if there is no information to be given, write the letters "NA" for "not applicable." All information contained in the application is subject to verification. Omissions or erroneous statements may be cause for rejection of this application, removal from employment eligibility, or discharge from the library.

We are an equal opportunity employer. Manhattan Public Library is committed to equal employment opportunity in recruitment, hiring, career advancement, and all other personnel practices. Job-related experience and other qualifications will be considered without discrimination on grounds of race, color, national origin, religion, disability, ethnicity, pregnancy, age, military status, sex, genetic information, sexual orientation or gender identity, or any other characteristic protected by applicable federal, state, or local law. All information provided in this application will be treated confidentially, and if you are employed, will be used only to help ensure the best use of your abilities.

You will be notified if you are selected for an interview. Depending on the department manager's schedule and workload, this could be anywhere from a few days to a few weeks.

We do not keep applications on file for future openings. Please monitor our web site for positions that might be available later and complete another application.

First Name	Last Name			
Home Address		Init / Apt. Number		
City	State	Zip Code		
Email Address				
Primary Phone Number	Secondary Phone	Number		
When is the best time for us to re	each you by telephone? Morning	□ Afternoon	□ Evening	
	for? one position, you must fill out an applica			
Have you ever been employed by	the Manhattan Public Library? 🗆 Yes 🗆	No If yes, when?		
What department and position?_	d position?Who was your supervisor?			
Names of any relatives or domes	tic partners employed by Manhattan Pub	lic Library:		
Are you 18 or older? ☐ Yes ☐	No			
If hired, can you furnish proof tha	at you are legally entitled to work in the U	.S.? □ Yes □ No		

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Education

	□Yes □No □Yes □No □Yes □No		
	□Yes □No		
	□Yes □No		
orary experience, either paid or			ary. Be sure to include previous
o you speak, write, or understan	nd any foreign language	(s)? □ Yes □ No	

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If you are hired, when can you start?_____

List the specific hours you are available to work.

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Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
المحد المحداد				الناب		
applicable, atta	•	chedule or other d	ocuments that	will help us to do	etermine when yo	ou are
and ble to worr						
nployment His	tory					
•	-	en years and accour	nt for any gaps i	n employment du	ring that period. A	ttach separa
eet of paper if r	necessary.					
Employer:		Position and duties:				
Employment da	tes:	Reason for leaving:				
Name of superv	isor:	Phone number:				
Employer:		Position and duties:				
Employment da	ites:	Reason for leaving:				
Name of superv	visor:	Phone number:				
Employer:		Position and duties:				
Employment da	ites:	Reason for leaving:				
Name of superv	visor:	Phone number:				
Employer:		Position and duties:				
Employment da	ites:	Reason for leaving:				
employment do		Phone number:				
Name of superv	visor:		Phone	ilullibel.		
Name of superv		nt or past employer				

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References

List at least three people who have knowledge of your work performance within the last ten years. Please include professional references only. Do not include relatives.

First and Last Name	Telephone Number	Email Address	Address	City, State, Zip

Acknowledgments and Signature

- I certify that the information contained in this application is true, complete, and correct. I understand that omissions or misstatements may be cause for rejection of this application or removal from the volunteer program.
- I understand that the Manhattan Public Library may ask me to provide information to secure my driving record (if the position requires driving) and obtain information needed to conduct a criminal background check.
- I authorize the references provided to give all information concerning previous employment or any other pertinent information they may have. I release all parties from liability that may result from furnishing this information.
- I understand this is an application for employment and that no employment contract is being offered. I understand that if I am employed, such employment is at-will and that the library may change the terms and conditions of employment at any time.

Your signature below indicates that you agree to the terms and conditions listed above.

Signature	Date