



Employment Application Instructions

Dear Applicant,

Thank you for your interest in employment with the Ronan Library District.

Please submit your completed application to:

Ronan Library District
203 Main Street SW
Ronan, MT 59864

PLEASE NOTE: To be considered for a Library position that has been advertised, you **MUST INCLUDE;**

- a completed Ronan Library District Application for Employment
- a cover letter
- a resume
- 3 letters of reference
- copies of any pertinent certifications/diplomas earned after High School/GED
- test scores from job service (if required on the job posting). Applicants who possess a bachelor's degree or higher are not required to take job service tests.

If hired, you must be able to pass background checks.

If you are applying for more than one position, a separate application must be submitted for each position. Photocopies are accepted as long as the position desired page is appropriately inserted, and the signature page is not a photocopy.

To comply with the US Department of Labor's Executive Order 12086, we request that you complete the *Recruitment/EEO Questionnaire* form and submit it along with your completed *Application for Employment* form. As required by law, the questionnaire will be separated from your actual application material prior to processing the application.

When **ALL** required application materials are received by Ronan Library District, you will receive an acknowledgement email. Phone calls will be made to applicants whom Ronan Library wishes to interview. All those interviewed will be notified as soon as possible after a decision has been made.

We wish you success with your employment endeavors!



Ronan Library District Application for Employment

It is the policy of the Ronan Library District to provide opportunity for all qualified persons and not to unlawfully discriminate against any employee or qualified applicant for employment because of race, color, ancestry, national origin, religion, sex, marital status, sexual orientation, disability, mental condition, age, or veteran status.

ATTENTION: Please read Employment Application Instructions before completing application.

Please type or print in ink and sign on page 7

P E R S O N A L D A T A	Last Name	First Name	Middle Initial	SSN	Today's Date
	Mailing Address		City	State	Zip
					Phone
					Cell/Landline
	legal right to work in the US?	under 18 years of age?	E-mail address		Preferred method of contact?
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			Phone Email
	Have you been convicted of a felony within the last 7 years? <input type="checkbox"/> Yes <input type="checkbox"/> No				
	If yes, please explain. A conviction does not constitute an automatic bar to employment.				
	Have you ever used another name that would affect employment and education reference verification? If yes, give name(s):				
<input type="checkbox"/> Yes <input type="checkbox"/> No					

P O S I T I O N D E S I R E D	<i>A separate application must be submitted for each position.</i>			
	Position Desired	<input type="checkbox"/> Temporary	<input type="checkbox"/> Full Time	
		<input type="checkbox"/> Substitute	<input type="checkbox"/> Part Time	
	State any limitations to your working schedule			
Date available for work	Are you able to work Mondays – Saturdays, and occasional evenings? <input type="checkbox"/> Yes <input type="checkbox"/> No	Hourly Rate Requested		
	Are you able to work typical hours of 10 am – 6 pm, sometimes earlier, sometimes later? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Ronan Library District Application for Employment

E D U C A T I O N R E C E I V E D	High School Name: _____				
	High School Address: _____				
	Received Diploma or Equivalency Certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," enter highest grade completed _____				
	College, University and Other Schools Name and Location	Dates Attended Month/ Year	Title of Degree / Certificate Received	Degree / Certificate Date	If No Degree, Total Credits Earned
Training Courses Name and Location	Dates Attended Month/ Year	Description of Course	Did you complete? If Yes, Attach copies of certificates	Total Hours	
			<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No		

Ronan Library District Application for Employment Employment History

List most recent employment first. **Account for ALL PERIODS OF TIME FOR THE LAST 10 YEARS, including military service, volunteer work, and unemployment.** If you need more room, you may add additional sheets, using the same format.

May we contact the employers listed below? Yes No

Indicate by number, those you do not wish us to contact: _____

Did you work for any of the employers listed under a different name? Yes No

If yes, indicate employer by number and name used: _____

1	Employer:	Supervisor:	Phone:
	Address:	Employed (month/year) From: To:	
	Job Title:	Hours Worked: <input type="checkbox"/> Week <input type="checkbox"/> Month	
	Duties and responsibilities:	Pay: hour/week/month/annual Start: End:	
			Reason for leaving:
2	Employer:	Supervisor:	Phone:
	Address:	Employed (month/year) From: To:	
	Job Title:	Hours Worked: <input type="checkbox"/> Week <input type="checkbox"/> Month	
	Duties and responsibilities:	Pay: hour/week/month/annual Start: End:	
			Reason for leaving:
3	Employer:	Supervisor:	Phone:
	Address:	Employed (month/year) From: To:	
	Job Title:	Hours Worked: <input type="checkbox"/> Week <input type="checkbox"/> Month	
	Duties and responsibilities:	Pay: hour/week/month/annual Start: End:	
			Reason for leaving:

**Ronan Library District
Application for Employment
Employment History continued**

4	Employer:	Supervisor:	Phone:
	Address:	Employed (month/year) From: To:	
	Job Title:	Hours Worked: <input type="checkbox"/> Week <input type="checkbox"/> Month	
	Duties and responsibilities:	Pay: hour/week/month/annual Start: End:	
		Reason for leaving:	
5	Employer:	Supervisor:	Phone:
	Address:	Employed (month/year) From: To:	
	Job Title:	Hours Worked: <input type="checkbox"/> Week <input type="checkbox"/> Month	
	Duties and responsibilities:	Pay: hour/week/month/annual Start: End:	
		Reason for leaving:	
6	Employer:	Supervisor:	Phone:
	Address:	Employed (month/year) From: To:	
	Job Title:	Hours Worked: <input type="checkbox"/> Week <input type="checkbox"/> Month	
	Duties and responsibilities:	Pay: hour/week/month/annual Start: End:	
		Reason for leaving:	
7	Employer:	Supervisor:	Phone:
	Address:	Employed (month/year) From: To:	
	Job Title:	Hours Worked: <input type="checkbox"/> Week <input type="checkbox"/> Month	
	Duties and responsibilities:	Pay: hour/week/month/annual Start: End:	
		Reason for leaving:	

**Ronan Library District
Application for Employment
Employment History continued**

8	Employer:	Supervisor:	Phone:
	Address:		Employed (month/year) From: To:
	Job Title:		Hours Worked: <input type="checkbox"/> Week <input type="checkbox"/> Month
	Duties and responsibilities:		Pay: hour/week/month/annual Start: End:
			Reason for leaving:
9	Employer:	Supervisor:	Phone:
	Address:		Employed (month/year) From: To:
	Job Title:		Hours Worked: <input type="checkbox"/> Week <input type="checkbox"/> Month
	Duties and responsibilities:		Pay: hour/week/month/annual Start: End:
			Reason for leaving:
10	Employer:	Supervisor:	Phone:
	Address:		Employed (month/year) From: To:
	Job Title:		Hours Worked: <input type="checkbox"/> Week <input type="checkbox"/> Month
	Duties and responsibilities:		Pay: hour/week/month/annual Start: End:
			Reason for leaving:

**Ronan Library District
Application for Employment
Computer Skills**

Type of Skill	Specific Titles			Year last used			Level of Proficiency		
							Beginner (B), Intermediate (I), Advanced (A)		
Operating Systems									
Software:									
Social Media									

Professional References

(Do not list relatives)

Name:	Phone:	Occupation:	Length of Time Known:

Additional Information

Use the below space to list pertinent skills, abilities, accomplishments, or other information that may be helpful in reviewing your qualifications.

**Ronan Library District
Application for Employment
Applicant, Please Read and Sign**

I hereby state the information given by me in this application and on other employment documents is true in all respects. I agree that if I am employed by Ronan Library District, and the information is found to be false in any respect, I will be subject to dismissal without notice at any time.

I hereby authorize my former employers to release information pertaining to my work record, my work habits, and my work performance while in their employ. I also authorize the educational institutions, which I have listed on this application, to release information pertaining to my enrollment, GPA, and degree(s) obtained.

I understand and agree that any employee handbook or policy manual that I may receive will not constitute an employment contract but will be merely a statement of the Ronan Library District's current policies which will not assure me of specific treatment in specific situations.

I understand and agree, if I am offered employment by Ronan Library District, I or Ronan Library District will have the right to terminate the employment relationship, at any time during my probationary period, with or without cause, and with or without notice.

Signed: _____ Date: _____

Print/Type Name: _____



Ronan Library District
 203 Main Street SW
 Ronan, MT 59864

Equal Employment Opportunity Applicant Survey

The Ronan Library District, as an Equal Opportunity / Affirmative Action employer, does not discriminate against any employee or qualified applicant for employment because of race, color, ancestry, national origin, religion, sex, marital status, sexual orientation, disability, mental condition, age, or veteran status.

This form ensures full compliance with our policy on Affirmative Action and non-discrimination. Completion of this form is completely voluntary.

If you choose not to answer any of the items, you will not be subject to adverse effects. We do, however, encourage you to answer each one and assure you this information is confidential and will not become a part of your applicant file.

Refusal to complete this form will not subject you to any adverse treatment. This form will be used for governmental reporting purposes only. If we have not received your completed form, the Company will interpret that to mean you have declined self-identification and will be required to obtain the necessary information from visual identification and/ or other available information.

Please Print or Type

Name: _____ **Date:** _____
 First Middle Initial Last

Position for which Applying: _____

Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	Race/Ethnic Data: Please identify yourself in terms of a racial/ethnic group below. For definitions of groups, refer to the list on the reverse side of this form.					
	If not Hispanic or Latino, please identify yourself by selecting one of the following, as appropriate.					
	Hispanic or Latino <input type="checkbox"/>	White <input type="checkbox"/>	Black/ African American <input type="checkbox"/>	Asian <input type="checkbox"/>	Native Hawaiian or Other Pacific Islander <input type="checkbox"/>	American Indian or Alaskan Native <input type="checkbox"/>
<input type="checkbox"/> I do not wish to Self-Identify						

Veteran Status: If you believe you belong to any of the categories of protected veterans listed below (definitions are included on the reverse side of this form), please indicate by checking the appropriate boxes.			
Disabled Veteran <input type="checkbox"/>	Active Wartime or Campaign Badge Veteran <input type="checkbox"/>	Armed Forces Service Medal Veteran <input type="checkbox"/>	Recently Separated Veteran <input type="checkbox"/>
<input type="checkbox"/> I am not a Protected Veteran		<input type="checkbox"/> I do not wish to disclose my status	

Disability Status: Do you have an impairment, which substantially limits one of more of your life activities?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> I do not wish to disclose my status	

 Signature

Self-Identification Descriptions

(Applicant Survey)

Retrieved from <https://www.eeocdata.org>

Hispanic or Latino: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

White: A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Black or African American: A person having origins in any of the black racial groups of Africa.

Native Hawaiian or Other Pacific Islander: A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

Asian: A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

American Indian or Alaska Native: A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.

Two or More Races: All persons who identify with more than one of the above five races (White, Black or African American, Native Hawaiian or Other Pacific Islander, Asian, American Indian or Alaska Native). For the purposes of this group, identifying as Hispanic or Latino and only one of the listed 5 race groups does NOT qualify.

Protected Veteran Definitions

Retrieved from <https://www.dol.gov>

Disabled Veteran:

- A veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs; or
- a person who was discharged or released from active duty because of a service-connected disability.

Recently Separated Veteran: Any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval, or air service.

Active Duty Wartime or Campaign Badge Veteran: A veteran who served on active duty in the U.S. military, ground, naval or air service during a war, or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.

Armed Forces Service Medal Veteran: A veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.