

References (preferably work related)

Name	Occupation	Relationship	Phone Number

Have you ever been convicted of a felony or misdemeanor? Yes () No ()

If yes, list convictions and date of conviction _____

Applicant's statement:

Before signing, please check this application carefully for completeness and for agreement to the conditions described below.

1. I certify that the information given by me to the Peters Township Public Library is true and complete to the best of my knowledge. I understand that if I am employed, discovery that I gave false information during the application process may result in immediate dismissal.
2. I understand that the Peters Township Public Library is committed to a program of Equal Opportunity in all its personnel practices and in the provision of its services. If employed, I agree to support the organization's efforts in ensuring Equal Opportunity for all customers and employees regardless of race, religion, color, marital status, sex, national origin, age, sexual orientation, disability or veteran status.
3. If I am a qualified person with a disability and need any accommodation to assist me in the application, testing, or interview process, I may request such accommodation. I understand that I must inform the Peters Township Public Library of my need for accommodation a reasonable time before that part of the selection process and will supply documentation supporting the need if so requested.
4. Library work is physical in nature. I understand that I may be required to pass a medical examination designed to take into consideration the work to be performed, and maintain the ability to physically perform this throughout my employment.
5. I authorize the Peters Township Public Library to solicit information regarding my education and previous employment, and to contact any and all references I have given on my application. I hereby release all parties and persons connected with any such request for information from all claims, liabilities and damages for any reason arising out of the furnishing of such information. If employed, I release the Peters Township Public Library from liability for future references it may provide regarding my work history with the Peters Township Public Library.

I certify that my responses to the questions on this application are true and agree to the statements above.

Signature of Applicant

Date