

EMPLOYMENT RECORD

List your current or most recent employer first and indicate a continuous record of employment for the last five employers or from the time you left school. **May we contact your employers for a reference?**

yes no If not, indicate which ones you do not wish us to contact. _____

Employer		Address		Phone	
Employed (Month/Year)		Starting Salary		Ending or Current Salary	
From / / To / /					
Job Title and Duties			Reason for Leaving		

Employer		Address		Phone	
Employed (Month/Year)		Starting Salary		Ending or Current Salary	
From / / To / /					
Job Title and Duties			Reason for Leaving		

Employer		Address		Phone	
Employed (Month/Year)		Starting Salary		Ending or Current Salary	
From / / To / /					
Job Title and Duties			Reason for Leaving		

Employer		Address		Phone	
Employed (Month/Year)		Starting Salary		Ending or Current Salary	
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Job Title and Duties			Reason for Leaving		

Employer		Address		Phone	
Employed (Month/Year)		Starting Salary		Ending or Current Salary	
From / / To / /					
Job Title and Duties			Reason for Leaving		

READ CAREFULLY BEFORE SIGNING

I certify that the information given by me in this application is true and complete. I understand and agree that any false information, misrepresentation, or concealment of the fact is sufficient grounds for either my immediate discharge without recourse or refusal of employment by the Grayson County Public Library.

I agree that if I am employed by the Grayson County Public Library my employment may be terminated at any time without liability except such wages as may have been earned at the date of my termination. I further understand and acknowledge that this is an application for employment, that no employment contract is being offered and that if I am employed such employment is for an indefinite period of time and that the Library can change wages, benefits, and conditions at any time.

I understand and agree that all information furnished in this application may be verified by the Library. I also understand that any employment is subject to a satisfactory check of references and a Police Department background check. I hereby authorize all individuals and organizations named or referred to in this application and any law enforcement organization to give the Library all information relative to my employment, work habits, and character and hereby release such individuals, organizations, and the Library from any liability for any claim or damage that may result.

Signature _____ Date _____

REFERENCES

Please provide at least three references. You may provide additional references if you like. Please do not use relatives as references. Give **complete** information, including mailing addresses.

Name	Address	Phone	Years known	Relationship <input type="checkbox"/> Personal <input type="checkbox"/> Educational <input type="checkbox"/> Professional
Name	Address	Phone	Years known	Relationship <input type="checkbox"/> Personal <input type="checkbox"/> Educational <input type="checkbox"/> Professional
Name	Address	Phone	Years known	Relationship <input type="checkbox"/> Personal <input type="checkbox"/> Educational <input type="checkbox"/> Professional
Name	Address	Phone	Years known	Relationship <input type="checkbox"/> Personal <input type="checkbox"/> Educational <input type="checkbox"/> Professional
Name	Address	Phone	Years known	Relationship <input type="checkbox"/> Personal <input type="checkbox"/> Educational <input type="checkbox"/> Professional