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|---|---|---|
| Pioneer LIBRARY SYSTEM | **Pioneer Library System**<br>**Attn: Human Resources Department**<br>**300 Norman Center Court**<br>**Norman, OK 73072**<br>**405-801-4506**<br>**hr@pls.lib.ok.us**<br><br>An Equal Opportunity Employer | Position Desired<br><br>Location<br><br>Note: One application is required for each position desired. |

**INSTRUCTIONS: Type or print in ink the answers to each question clearly and completely. Applications which are not complete will not be processed. Return via postal mail. No faxed or emailed applications will be accepted.**

## PERSONAL

| | | | |
|---|---|---|---|
| Last Name | First | Middle | Date |
| Street Address | | | Home/Cell Phone<br>( ) |
| City, State, Zip | | | Other Phone<br>( ) |
| Permanent Address | How did you learn of this position?<br>Ad Website Posting Other | | Email Address |
| Availability: (Check the boxes next to the hours you are available to work)<br>Mon-Fri mornings ☐<br>Mon-Fri afternoons ☐<br>Mon-Fri evenings ☐<br>Saturday ☐<br>Sunday ☐ | | | Date Available |
| Have you ever applied for employment with us? | If so, in what capacity? | When? | |
| Have you ever been employed by PLS? | If so, in what capacity? | When? | |
| Are you legally entitled to work in the United States? Yes No<br>Documentation of your identity and employment eligibility must be provided upon hire. | | | |
| Have you ever been removed or dismissed from any position? Yes No<br>If yes, please explain: | | | |
| Have you ever been convicted, plead guilty, plead nolo contendre, or received a suspended or deferred sentence for a felony, misdemeanor or any offense other than a minor traffic violation? Yes No<br>If yes, please explain: | | | |

# EDUCATION

| SCHOOL | NAME & LOCATION OF INSTITUTION | GRADUATED? YES OR NO | DEGREE & MAJOR, CERTIFICATION/LICENSE |
|---|---|---|---|
| High School (or equivalency) | | | |
| Vocational | | | |
| College | | | |
| Graduate | | | |
| Other | | | |
| Other | | | |

# EMPLOYMENT

Please list your full employment history for the last 10 years or 5 employers. Start with present or most recent employer. Reference any gaps in employment.

| | |
|---|---|
| Employer | Telephone<br>( ) |
| Address | Employed (State Month and Year)<br>From To |
| Name of Supervisor | Monthly or Annual Pay<br>Start Final |
| Job Title and Description of Your Work | Reason for Leaving: |
| May we contact Employer? Yes No | |

| | |
|---|---|
| Employer | Telephone<br>( ) |
| Address | Employed (State Month and Year)<br>From To |
| Name of Supervisor | Monthly or Annual Pay<br>Start Final |
| Job Title and Description of Your Work | Reason for Leaving: |
| May we contact Employer? Yes No | |

| | |
|---|---|
| Employer | Telephone<br>(  ) |
| Address | Employed (State Month and Year)<br>From To |
| Name of Supervisor | Monthly or Annual Pay<br>Start Final |
| Job Title and Description of Your Work | Reason for Leaving: |
| May we contact Employer? Yes No | |

| | |
|---|---|
| Employer | Telephone<br>(  ) |
| Address | Employed (State Month and Year)<br>From To |
| Name of Supervisor | Monthly or Annual Pay<br>Start Final |
| Job Title and Description of Your Work | Reason for Leaving: |
| May we contact Employer? Yes No | |

| | |
|---|---|
| Employer | Telephone<br>(  ) |
| Address | Employed (State Month and Year)<br>From To |
| Name of Supervisor | Monthly or Annual Pay<br>Start Final |
| Job Title and Description of Your Work | Reason for Leaving: |
| May we contact Employer? Yes No | |

| REFERENCES | Give the names of three individuals who have known you well for at least two years and whom we may contact for a personal reference if necessary. |
|---|---|

| Name | Title or Position | Telephone |
|---|---|---|
| | | |
| | | |
| | | |

| SKILLS | What experiences, skills and background training do you have that are relevant to the position? |
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| HONORS, AWARDS, VOLUNTEER EXPERIENCES, AND COMMUNITY & PROFESSIONAL ORGANIZATIONS |
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| PHILOSOPHY **(Required for Grade 6+ positions; Grade is listed on job posting.)** | State your library philosophy briefly and clearly, especially as it relates to public libraries and customer service. |
| --- | --- |

## READ CAREFULLY BEFORE SIGNING

In processing this employment application, the Pioneer Library System may request a police, OSBI security check or other background check into your criminal history. By signing this application you acknowledge that you are authorizing the library system may obtain such reports on you.

By signing your name below, you certify that all statements made by you on this application are true and complete to the best of your knowledge and belief and that you understand that misrepresentations or omissions may result in the rejection of your application for employment, or result in subsequent dismissal from employment if you are hired.

By signing your name below, you understand that nothing contained in this application or in the interviewing process is intended to create an employment contract between the library system and you. You further understand that no representative of the library system other than the Director has any authority to enter into any agreement with you for any specified period of time or guarantee some other personnel move or benefit. You further understand this entire statement applies to the period prior to or after you may be employed.

By signing the signature line below, you acknowledge that you have read and understood each of the above statements.

**Signature of Applicant** _____ **Date**_____

If applicant is under 18, parent or guardian must also sign in order to authorize a security or background check.

Parent or Guardian_____ Date _____

**Mail application and supporting documents (i.e. transcript or resume) to:**

**Pioneer Library System**
**ATTN: Human Resources Department**
**300 Norman Center Court**
**Norman, OK 73072**

Documents will not be returned.

For PLS Staff Only

Application received on _____ at _____

Initials _____

Date received by Human Resources Department _____

Initials _____

Pioneer
LIBRARY SYSTEM

# VOLUNTARY

## Equal Employment Opportunity Survey

(FOR STATISTICAL USE ONLY)

**TO ALL APPLICANTS:**

The following information will in no way affect decisions regarding you as an individual applicant. The hiring supervisor will not have access to this survey. This information will be used to find out how effective our recruitment efforts are in reaching all segments of the population and in the validation of our selection methods. This form will also be used for **Federal Equal Employment Opportunity** reporting. Please help us by completing this voluntary survey.

**A. SEX:** (Please check only one box.)
- ☐ Male
- ☐ Female

**B. AGE:** (Please check only one box.)
- ☐ 19 or less years
- ☐ 20-29 years
- ☐ 30-39 years
- ☐ 40-49 years
- ☐ 50-59 years
- ☐ 60-69 years
- ☐ 70 or over

**C. RACE:** (Please check only one box.)
- ☐ White (not of Hispanic origin)
- ☐ Black (not of Hispanic origin)
- ☐ Hispanic
- ☐ Asian or Pacific Islander
- ☐ American Indian or Alaskan Native

**D. VETERAN:** (Please check only one box.)
- ☐ No—Veteran
- ☐ Yes—Veteran

**E. DISABLED:** (Please check applicable box(s).)
- ☐ No
- ☐ Yes—Visually impaired/blind
- ☐ Yes—Hearing impaired/deaf
- ☐ Yes—Amputee
- ☐ Yes—Epilepsy
- ☐ Yes—Paralysis
- ☐ Yes—Cardiac
- ☐ Yes—Other (specify)_____

**F. JOB CODE:** (As indicated on Job Announcement.)
- ☐ 1. Official/Administrators
- ☐ 2. Professionals
- ☐ 3. Technicians
- ☐ 4. Protective Services
- ☐ 5. Para-Professionals
- ☐ 6. Administrative Support
- ☐ 7. Skilled Craft
- ☐ 8. Service-Maintenance

**G. STATUS:** (As indicated on Job Announcement.)
- ☐ 1. Full-Time (40 hours)
- ☐ 2. Part-Time

NAME:_____BIRTHDATE:_____

POSITION APPLIED FOR:_____TODAY'S DATE:_____