



JACKSON COUNTY LIBRARY SERVICES

Employment Application

JCLS provides equal employment opportunities to all employees and applicants for employment and prohibits discrimination and harassment of any type without regard to race, color, religion, age, sex, national origin, marital status, disability status, genetics, protected veteran status, sexual orientation, gender identity or expression, or any other characteristic protected by federal, state or local laws.

This policy applies to all terms and conditions of employment, including recruiting, hiring, placement, promotion, termination, layoff, transfer, leaves of absence, compensation and training.

Instructions:

1. Complete this form in its entirety and sign.
2. Email the completed and signed form with your resume and a cover letter to bfogerty@jcls.org.

NOTE: IF HIRED, THIS APPLICATION WILL BECOME PART OF YOUR PERMANENT PERSONNEL FILE. PLEASE COMPLETE LEGIBLY. YOUR APPLICATION MAY NOT BE CONSIDERED IF INCOMPLETE OR SUBMITTED PAST AN ESTABLISHED DEADLINE. THIS APPLICATION, IN COMBINATION WITH YOUR RESUME WILL HELP THE HUMAN RESOURCES DEPARTMENT ENSURE YOU MEET MINIMUM QUALIFICATIONS FOR THE POSITION WHICH YOU ARE APPLYING FOR.

POSITION

| | |
|--|---|
| Position Applying For | |
| | |
| Where did you learn about this opening? | Indicate Work Schedule(s) You Will Accept |
| | <input type="checkbox"/> Full-Time <input type="checkbox"/> Temporary <input type="checkbox"/> Part-Time |
| Available Start Date | Today's Date |
| | |

PERSONAL INFORMATION

| | | | | |
|--|--|----------------------|--------------|------------|
| Name | | | | |
| | | | | |
| Address | | City | State | Zip |
| | | | | |
| Phone Number | | Email Address | | |
| | | | | |
| Are you able, at the time of employment, to submit verification of your legal right to work in the United States? Yes <input type="checkbox"/> No <input type="checkbox"/> | | | | |

EDUCATION

| School Name | Degree/Certificate or Units Earned if None | Major | Did you Graduate? |
|-------------|--|-------|-------------------|
| | | | |
| | | | |
| | | | |

Do you have a high school diploma or GED Certificate? Yes No

CERTIFICATES AND LICENSES

| Type | Issuing Agency | Date Issued | Date Expires |
|------|----------------|-------------|--------------|
| | | | |
| | | | |

EMPLOYMENT HISTORY

| Employer Name | Position Title | Dates Employed (From – To) |
|--------------------|-----------------|----------------------------|
| | | |
| Location | Supervisor Name | Phone Number/Email Address |
| | | |
| Reason for Leaving | | |
| | | |
| Job Duties | | |
| | | |

May we contact this employer? Yes No

| Employer Name | Position Title | Dates Employed (From – To) |
|--------------------|-----------------|----------------------------|
| | | |
| Location | Supervisor Name | Phone Number/Email Address |
| | | |
| Reason for Leaving | | |
| | | |
| Job Duties | | |
| | | |

May we contact this employer? Yes No

| Employer Name | Position Title | Dates Employed (From – To) |
|--|-----------------|----------------------------|
| | | |
| Location | Supervisor Name | Phone Number/Email Address |
| | | |
| Reason for Leaving | | |
| | | |
| Job Duties | | |
| | | |
| May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/> | | |

| Employer Name | Position Title | Dates Employed (From – To) |
|--|-----------------|----------------------------|
| | | |
| Location | Supervisor Name | Phone Number/Email Address |
| | | |
| Reason for Leaving | | |
| | | |
| Job Duties | | |
| | | |
| May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/> | | |

REFERENCES

| Name | Title | Company |
|-------|-------|---------------|
| | | |
| Phone | | Email Address |
| | | |

| Name | Title | Company |
|-------|-------|---------------|
| | | |
| Phone | | Email Address |
| | | |

| Name | Title | Company |
|-------|-------|---------------|
| | | |
| Phone | | Email Address |
| | | |

| Name | Title | Company |
|-------|-------|---------------|
| | | |
| Phone | | Email Address |
| | | |

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY BEFORE SIGNING THIS APPLICATION. ONLY THOSE APPLICATIONS THAT ARE SIGNED AND DATED ARE CONSIDERED VALID. DIGITAL SIGNATURES ARE ACCEPTABLE. IF YOU HAVE ANY QUESTIONS REGARDING THESE STATEMENTS, PLEASE ASK THE HUMAN RESOURCES DEPARTMENT BEFORE SIGNING.

I UNDERSTAND AND AGREE THAT:

1. The answers and information that I have provided on this application, and any resume or other supplementary materials, are true and complete without omissions. I understand that any false information will be grounds for refusal to hire or for immediate discharge if I am employed. I authorize any of the persons or organizations named in this application to give JCLS complete information and records regarding my employment, education, character, and qualifications.
2. I understand that information regarding my prior compensation is not being requested with this application, nor will prior compensation be considered in determining an original offer of employment in the event an offer is presented.
3. I understand that I must provide proof I am authorized to work in the United States, in accordance with federal law, if I am hired.
4. I authorize the employing agency to verify the employment and education information provided in this employment application.
5. I authorize my driving record to be checked and can submit proof of a valid Oregon State Driver's License if the position for which I am applying for requires driving.
6. I understand and agree to be subjected to a pre-employment drug screening and criminal history background check, if applicable.
7. I understand that if I am invited to an interview and require an accommodation, I will contact the HR Department as soon as possible by emailing bfogerty@jcls.org.
8. I will be responsible for familiarizing myself with all rules and regulations of JCLS as they presently exist or are later modified. *I recognize that if I am hired, my employment can be terminated at the discretion of JCLS or at my option at any time without notice, except as specifically set forth in writing in a current individual employment contract signed by the Library Director or Board President.*
9. I also understand that no representative of JCLS has any authority to enter into any employment agreement for any specified period of time, or to assure me of any future position, benefits, or terms and conditions of employment, except in a current individual employment contract signed by the Library Director or Board President. I further understand that if I am hired, JCLS reserves the right to revise the terms and conditions of my employment, as it deems necessary.

Applicant's Signature _____

Date _____

| Name | Date |
|------|------|
| | |

| Veterans Preference |
|--|
| <p>Under Oregon law, armed forces veterans who meet minimum qualifications for a position may be eligible for employment preference. You may be eligible for either 5 points as a Qualified Veteran, or 10 points as a Qualified Disabled Veteran (or spouse), but not both.</p> |
| <p>Are you a veteran of the US Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> |
| <p><i>If yes and you want to use Veterans' Preference, you must provide a copy of your DD214 Form or a letter from the US Department of Veterans Affairs indicating receipt of a non-service connected pension.</i></p> |
| <p>Do you have a service-connected disability? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> |
| <p><i>If yes and you want to use Veterans' Preference, you must provide a copy of Standard Form 15, also found here: https://www.opm.gov/forms/pdf_fill/sf15.pdf, or a copy of your Veterans' Preference Letter from the US Department of Veterans Affairs. In addition, you must provide a copy of your DD214.</i></p> |
| <p>IF YOU ARE A VETERAN AND WANT TO APPLY FOR PREFERENCE POINTS, PLEASE SUBMIT THE ABOVE MENTIONED FORM(S) AS WELL AS THE REQUIRED DOCUMENTATION LISTED ON THE FORM. YOU MAY SUBMIT THE DOCUMENTATION TO THE JACKSON COUNTY LIBRARY HUMAN RESOURCES DEPARTMENT IN SEVERAL WAYS:</p> <ol style="list-style-type: none"> 1. Email your completed Veterans' Preference Form AND documentation with your Employment Application, Resume and Cover Letter to bfogerty@jcls.org; or 2. Mail or hand-deliver to Jackson County Library District Human Resources Office, 205 South Central Avenue, Medford, Oregon 97501; or |
| <p>Describe any transferrable skills and experience obtained through the military that substantially relate to the position being applied for</p> |
| <p></p> |

| Name | Date |
|------|------|
| | |

VOLUNTARY SELF-IDENTIFICATION OF DISABILITY

Why are you being asked to complete this section?

Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, or currently work for us, any answer you give will be kept private and will not be used against you in any way.

Because a person may become disabled at any time, we may ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

How do I know if I have a disability?

Form CC-305 OMB Control Number 1250-0005

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Disabilities include, but are not limited to:

- Blindness
- Deafness
- Cancer
- Diabetes
- Epilepsy
- Autism
- Cerebral palsy
- HIV/AIDS
- Schizophrenia
- Muscular Dystrophy
- Bipolar disorder
- Major depression
- Multiple sclerosis (MS)
- Missing limbs or partially missing limbs
- Post-traumatic stress disorder (PTSD)
- Obsessive compulsive disorder
- Impairments requiring the use of a wheelchair
- Intellectual disability (previously called mental retardation)

Please check one of the boxes below:

- Yes, I have a disability (or previously had a disability)
- No, I don't have a disability
- I don't wish to answer

Reasonable Accommodation Notice

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternative format, using a sign language interpreter, or using specialized equipment.

Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.

| Name | Date |
|------|------|
| | |

VOLUNTARY ETHNICITY, RACE, AND GENDER IDENTIFICATION

Why are you being asked to complete this section?

Completing this form is voluntary. JCLS provides equal employment opportunities to all employees and applicants for employment and prohibits discrimination and harassment of any type without regard to race, color, religion, age, sex, national origin, marital status, disability status, genetics, protected veteran status, sexual orientation, gender identity or expression, or any other characteristic protected by federal, state or local laws.

The purpose of collecting this information is to comply with any federal government record-keeping and reporting requirements. Periodic reports may be made to the government on the following information. The data you provide on this section will be kept confidential and used solely for analytical and reporting requirement purposes. This form is processed and maintained separately from your personnel file and is not used to make decisions about the terms and conditions of employment. Completion of this form is optional and voluntary.

Question 1

| | |
|--|---|
| <input type="checkbox"/> Are you Hispanic or Latino? | A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race; |
|--|---|

Question 2

| Racial Category (Check as many as apply) | Definition of Category |
|---|---|
| <input type="checkbox"/> American Indian or Alaska Native | A person having origins in any of the original people of North and South America (including Central America), and who maintains tribal affiliation or community attachment. |
| <input type="checkbox"/> 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. |
| <input type="checkbox"/> Black or African American | A person having origins in any of the black racial groups of Africa. |
| <input type="checkbox"/> Native Hawaiian or Other Pacific Islander | A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands. |
| <input type="checkbox"/> White | A person having origins in any of the original peoples of Europe, the Middle East, or North Africa. |
| <input type="checkbox"/> Two or More Races (Not Hispanic or Latino) | All persons who identify with more than one of the above five races. |

Gender: Female Male Non-Binary Prefer not to answer