Kuna Library Staff Only
Employee Initial____
Date/Time____



EMPLOYMENT APPLICATION

Please complete the entire application.

Employer: Kuna Library District

Address: 457 N Locust St / PO Box 129 City/State/ZIP: Kuna, Idaho 83634

Telephone: 208-922-1025

REV 10/19/23

To be considered an applicant, you must complete this form. A resume may also be attached. Each question should be fully and accurately answered. No action can be taken on this application until all questions have been answered. Use blank paper if you do not have enough room on this application. PLEASE PRINT, except for your signature. This application is to fill the current open position only.

It is the policy of Kuna Library District to provide equal employment opportunities to all applicants and employees without regard to any legally protected status such as race, color, religion, gender, national origin, age, disability or veteran status.

1. Applicant Information				
Applicant Full Name:				
Preferred Name:				
Home Address:		City/State	e/ZIP:	
Number of years at this address:	Ema	il address:		
one Number: Circle how you prefer to be contacted? email or phone call				
2. Job Position Applied For:				
3. Who referred you to Kuna Library	or how did	you hear abo	out this j	ob?
Do you have any friends or relatives w	ho work he	ere? If yes, ple	ease list he	ere:
4. Have you applied to our Library pro	eviously? _	Yes	No	If yes, when?
5. Are you at least 16 years old?	_ Yes	No		
6. Do you have transportation to work?		Do you have a valid driver's license?		
7. Are you willing to work any shift, in	cluding niç	ghts and weel	kends? _	Yes No
If no, please state any limitations:				

8. If you are offered employment,						
9. If hired, are you able to submit United States? Yes N		ou are legally	eligible fo	r employment	in the	
10. Are you able to perform the es			b position	you seek with	or without	
What reasonable accommod	ation, if any, v	would you req	uest?			
11. Have you ever been convicted	of a felony or	r misdemeand	or?		(1.	` .
Yes, I was convicted (city),	1 01	(state)	OR	on No	(date) in
THE EXISTENCE OF A CRIMINA EMPLOYMENT UNLESS RELEV	AL RECORD	DOES NOT (CONSTITU	TE AN AUTO		
12. Applicant's Skills						
in the number which corresponds to represents exceptional ability.)						
1=none 5=highly pro		1	2	3	4	5
Microsoft Office Suite (Word, E Google Docs	excel, etc.)					
Answering telephones						
Customer Service						
Computer knowledge						
13. Applicant Employment Histo List your current or most recent em	-	t. Please list a	ll jobs (incl	uding self-em	ployment and	l military
service) which you have held, begin additional space is needed, continue				explain any ga	aps in employ	yment. If
Employer Name:						
Supervisor Name:						
Address:						
City/State/ZIP:						
Job Duties:						
Reason for Leaving:						
Dates of Employment (Month/Year)						
Previous employer email:			Phone nun	nber:		

Employer Name:	
Supervisor Name:	
Address:	
Dates of Employment (Month/Year):	
Previous employer email:	Phone number:
Employer Name:	
Dates of Employment (Month/Year):	
Previous employer email:	Phone number:
14. Applicant's Education and Training	
High School/GED Name and Address	
Did you graduate? Yes No College/University Name and Address:	
Did you receive a degree? Yes Other Training (graduate, technical, vocational)	No If yes, degree(s) received:
Please indicate any current professional license	es or certifications that you hold:
Awards, Honors, Special Achievements:	

Military Service: Yes	No						
Branch: Specialized Training:							
15. References (List any two non-re	latives who would be willing to provide a reference for you):						
Name:							
	City/State/ZIP:						
Telephone:	Relationship:						
Name:							
	City/State/ZIP:						
Telephone:	Relationship:						
	ed on this application is truthful and accurate. I understand that providing be the basis for rejection of my application, or if employment commences,						
employment and education. I author communicate information regarding	contact former employers and educational organizations regarding my ize my former employers and educational organizations to fully and freely my previous employment, attendance, and grades. I authorize those person freely communicate information regarding my previous employment and						
I HAVE CAREFULLY READ THE ITS TERMS.	ABOVE CERTIFICATION AND I UNDERSTAND AND AGREE TO						
APPLICANT SIGNATURE	DATE						