

Thank you for considering Western Plains Library System for employment.

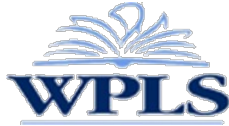
Please return the application to one of our local libraries in a **“sealed” envelope marked “Attention: Human Resources”**

It is WPLS’ policy not to discriminate against qualified individuals with disabilities in regard to application procedures, hiring, advancement, discharge, compensation, training, or other terms, conditions, and privileges of employment. If you require accommodation for the application and interview process please make the Human Resource Officer aware of your need for accommodation.

Bookmobile 501 S. 28th St. Clinton, OK 73601	Minnie R Slief Library 201 Don Cearlock Ave. Cheyenne, OK 73628	Clinton Public Library 721 Frisco Ave. Clinton, OK 73601
Cordell Public Library 208 S. College Cordell, OK 73632	Seiling Public Library 211 Main St. Seiling, OK 73663	Hazel Cross Library 115 W. Broadway Thomas, OK 73669
Weatherford Public Library 219 E. Franklin Weatherford, OK 73096		

Or, you may mail the application to:

Human Resources
Western Plains Library System
501 S. 28th St.
Clinton, OK 73601



EMPLOYMENT APPLICATION
WESTERN PLAINS LIBRARY SYSTEM

501 S. 28th
Clinton, OK 73601
www.wplibs.com

WPLS is an equal opportunity employer and affords equal opportunity to all applicants for all positions without regard to race, color, religion, gender, national origin, age, disability, veteran status or any other status protected under local, state or federal laws.

Position(s) Applied For	Date of Application
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Last Name	First Name	Middle Name
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Address	City	State	Zip Code
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Telephone Number	Alternate Number
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E-mail address	
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How Did You Hear About Us?
 Newspaper Ad Employment Agency
 WPLS Employee _____ Other _____

In which location(s) are you interested in working:
 Main Office Cheyenne Clinton Cordell Seiling
 Thomas Weatherford Bookmobile

Are you legally eligible to work in the United States? YES NO

(Proof of eligibility will be required upon offer of employment)

Are you over the age of 18 years? YES NO

(If no, you may be required to provide authorization)

Have you ever been convicted of a felony? *(A conviction will not necessarily disqualify you.)* YES NO

If yes, please explain: _____

Do you have a valid driver's license? *(For driving positions only.)* YES NO

Can you travel if a work assignment requires it? YES NO

Is anyone related to you employed by WPLS? YES NO

If yes, please give their name and relationship to you. _____

Have you ever been fired or asked to resign from a job? YES NO

If yes, please explain. _____

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AVAILABILITY

On what date would you be available to work? _____

Days and Hours Available: (If employed, I will notify my supervisor in writing, should my availability change.)

Day	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start Time							
End Time							

EDUCATION

	Name and Location of School	Course of Study or Major	# of Years Completed	Diploma/Degree
High School				
College				
Graduate				
Vocational				

Please list any academic honors, scholarships, offices held, etc. *(Do not list any which reflect your race, color, religion, gender, national origin, age, disabilities or veteran status.)*

Describe any specialized training, apprenticeships, licenses or skills.

Have you received any job-related training in the United States Military? YES NO

Please give dates and explanation:

Please provide any other information that you feel will help us in considering your application for employment.

EMPLOYMENT HISTORY

(Begin with current or most recent employer. Do not exclude any employment. Include any applicable temporary employment. Attach another sheet if necessary. Previous salaries or wages will not be used to determine compensation at WPLS.)

Company Name	Employment Dates From ___/___/___ To ___/___/___	Salary Start \$_____ End \$_____	Name and Title of Supervisor
Address	Describe your duties:		
Phone			

Reason for leaving:

Company Name	Employment Dates From ___/___/___ To ___/___/___	Salary Start \$_____ End \$_____	Name and Title of Supervisor
Address	Describe your duties:		
Phone			

Reason for leaving:

Company Name	Employment Dates From ___/___/___ To ___/___/___	Salary Start \$_____ End \$_____	Name and Title of Supervisor
Address	Describe your duties:		
Phone			

Reason for leaving:

REFERENCES

(Please list three people, who are not previous supervisors or related to you, who can provide professional references.)

Name	Phone Number	Relationship/Occupation	Years Known

APPLICANT ACKNOWLEDGEMENT AND AUTHORIZATION

PLEASE READ CAREFULLY BEFORE SIGNING

I hereby certify that all of the information provided by me in this application (or any other accompanying or required documents) is correct, accurate and complete to the best of my knowledge. I understand that the falsification, misrepresentation or omission of any facts in said documents will be cause for denial of employment or immediate termination of employment regardless of the timing or circumstances of discovery.

I understand that submission of an application does not guarantee employment. I further understand that, should an offer of employment be extended by Western Plains Library System (hereinafter referred to as "WPLS") that such employment with WPLS is at will (Oklahoma is an at-will state), for no specified duration and may be terminated by either WPLS or myself at any time, with or without cause or notice. I understand that none of the documents, policies, procedures, actions, statements of WPLS or its representatives used during the employment process is deemed a contract of employment real or implied. I understand that no representative of WPLS except the Director has the authority to enter into any agreement guaranteeing any conditions of employment or any agreement contrary to the foregoing statements and that any such agreements must be made in writing and signed by the Director of WPLS.

In consideration for employment with WPLS, if employed, I agree to conform to the rules, regulations, policies and procedures of WPLS at all times and understand that such obedience is a condition of employment. I understand that due to the nature of WPLS business, attendance and punctuality are considered essential requirements of every job at WPLS and that poor attendance or tardiness will result in disciplinary action.

I understand that if offered a position with WPLS, I may be required to submit to a pre-employment medical examination, drug screening and background check as a condition of employment. I understand that unsatisfactory results from, refusal to cooperate with, or any attempt to affect the results of these pre-employment tests and checks will result in withdrawal of any employment offer or termination of employment if already employed.

I hereby authorize any and all schools, former employers, references, courts and any others who have information about me to provide such information to WPLS and/or any of its representatives, agents or vendors and I release all parties involved from any and all liability for any and all damage that may result from providing such information.

I understand that this application is considered current for twelve months. If I wish to be considered for employment after this period I must fill out and submit a new application.

BY SIGNING BELOW I ACKNOWLEDGE THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ABOVE STATEMENTS.

Signature

Date

Name and number of person completing this form if other than applicant: _____

WPLS IS PROUD TO BE AN EQUAL OPPORTUNITY EMPLOYER. ALL QUALIFIED APPLICANTS WILL RECEIVE CONSIDERATION WITHOUT REGARD TO RACE, COLOR, RELIGION, GENDER, NATIONAL ORIGIN, AGE, DISABILITY, VETERAN STATUS OR ANY OTHER STATUS PROTECTED BY LAW.