



# Application for Employment

Alexandria Library Administrative Office  
5005 Duke Street  
Alexandria, VA 22304-2903

\_\_\_\_\_ Date

**INSTRUCTIONS:** Please print legibly in ink or type and return to the Administrative Office at the above address. Your completed application for employment will be retained in our active file for six months. You will be called ONLY when there is a job opening for which you are qualified. Thank you for your interest in the Alexandria Library. **Incomplete applications will not be considered.**

Name \_\_\_\_\_ Social Security # \_\_\_\_\_  
(Mr., Ms.) First Middle Initial Last

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_

Position for which you are applying \_\_\_\_\_ Date of birth \_\_\_\_\_  
Month/day/year

Are you now or have you ever been employed by the City of Alexandria?  Yes  No If yes, provide:

Job Title \_\_\_\_\_ Department \_\_\_\_\_ Dates of Work \_\_\_\_\_

Are you a U. S. citizen or are you otherwise legally eligible for employment in the U.S.?  Yes  No  
(Anyone offered employment is required to provide proper identification and documentation of eligibility for employment in the U.S.)

Have you ever been convicted (found guilty, sentenced, or fined) of a law violation since your 18th birthday?  Yes  No  
If yes, give date, place, charge, court and any fine or sentence imposed. \_\_\_\_\_

A conviction does not automatically mean that you cannot be employed. The nature of the offense and when it occurred will be considered. Give **all** of the facts. (Attach additional sheets if necessary.)

EDUCATION: Circle the highest grade completed: 9 10 11 12 College: 1 2 3 4

High school (name and location) \_\_\_\_\_

College (name and location) \_\_\_\_\_

Business (name and location) \_\_\_\_\_

Graduate and other (name and location) \_\_\_\_\_

Indicate degrees, certificates, or semester credit hours obtained: \_\_\_\_\_

List any special skills you possess, languages (other than English) you speak, licenses or certificates you have, or machines or software you can operate.

\_\_\_\_\_  
\_\_\_\_\_

Please list two references: (give name, address and telephone number)

1. \_\_\_\_\_

2. \_\_\_\_\_

## A resume may be substituted for the work history

Position title \_\_\_\_\_ From mo./yr. \_\_\_\_\_ To mo./yr. \_\_\_\_\_

Employer \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Starting salary \_\_\_\_\_ Final salary \_\_\_\_\_  Full time  Part time Hours/week \_\_\_\_\_

Supervisor's name and title \_\_\_\_\_ Phone ( ) \_\_\_\_\_

In your own words describe your work \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason for leaving \_\_\_\_\_ Number of persons whom you supervised \_\_\_\_\_

Position title \_\_\_\_\_ From mo./yr. \_\_\_\_\_ To mo./yr. \_\_\_\_\_

Employer \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Starting salary \_\_\_\_\_ Final salary \_\_\_\_\_  Full time  Part time Hours/week \_\_\_\_\_

Supervisor's name and title \_\_\_\_\_ Phone ( ) \_\_\_\_\_

In your own words describe your work \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason for leaving \_\_\_\_\_ Number of persons whom you supervised \_\_\_\_\_

I hereby certify that all information in this application and attachments is true, and I understand that such information is subject to verification. I authorize, and agree to take whatever steps are required to enable the Alexandria Library to obtain educational, employment, and criminal records related to my job application. I further agree that, upon receipt of a conditional offer of employment, I authorize, and agree to take whatever steps are required to enable the Alexandria Library to obtain medical records related to my job application. I also agree that if employed by the Alexandria Library, I will, as a condition of continued employment, authorize and take whatever steps are required to enable the Alexandria Library to make criminal records checks during the course of my employment. I acknowledge that any falsification of this application is grounds for disqualification. I also acknowledge that if I am employed, falsification is grounds for discipline, including dismissal.

I understand that I may be required to pass various job-related examinations in order to be considered for employment,

including a physical examination and drug or alcohol test, prior to my employment being official and complete. I also understand that, if employed by the Alexandria Library, I am required to serve a probationary period during which time my performance will be evaluated and I may be terminated if my conduct or performance is not fully satisfactory. I further understand that, if employed by the Alexandria Library, I am subject to termination for reasons of: a) program revision, b) budgetary constraints, or c) a disqualifying criminal record or drug or alcohol test and that I may be dismissed for cause at any time during the course of my employment.

\_\_\_\_\_  
*Applicant's signature*

\_\_\_\_\_  
*Date*

NOTE: Incomplete applications will be rejected without notice.