

LARSEN-SANT PUBLIC LIBRARY

Employment Application

Interview Date: _____



APPLICANT INFORMATION									
Last Name			First			M.I.		Date	
Street Address					Apartment/Unit #				
City			State		ZIP				
Phone			E-mail Address						
Date Available			Are you willing to work weekends/evenings?				YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Are you available for temporary employment?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	Are you 18 years or older?			YES <input type="checkbox"/>	NO <input type="checkbox"/>
Are you bilingual?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain				
Have you served in the US Military?			YES <input type="checkbox"/>	NO <input type="checkbox"/>					
Are you a citizen of the United States?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?			YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever been convicted of a felony?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain				
Have you ever been known by any other name(s) which the library will need to know to verify any of the information contained in this application?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, name:				
EDUCATION									
High School			Address						
From	To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree			
College			Address						
From	To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree			
Other			Address						
From	To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree			
Are you involved in after school activities		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, explain					
Post graduate plans?									
SPECIALIZED TRAINING SKILLS									
Please list your areas of highest proficiency, special skills, or other items that may contribute to your abilities in performing this position.									

Qualified: _____ Comment: _____
 Reviewed by: _____ Date: _____
 3/25/15

Are you willing to help with after hour activities?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
---	------------------------------	-----------------------------

REFERENCES

Please list three personal references.

Full Name		Relationship	
Phone			
Full Name		Relationship	
Phone			
Full Name		Relationship	
Phone			

PREVIOUS EMPLOYMENT

Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.
 If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature	Date
-----------	------