

Alice Baker Memorial Public Library

Revised 03/09

EMPLOYMENT APPLICATION

INSTRUCTIONS: Please print or type all information and return to:
Alice Baker Memorial Public Library, 820 E. Main Street, Eagle, WI 53119

- Complete the three page application.
- Should more space be needed, use the space provided or attach additional paper.
- It is important that you PRINT clearly; incomplete or illegible applications will not be processed.
- While you may attach a resume, you are required to complete this application in order to be considered an applicant for employment.

This application is intended for use in evaluating your qualifications for employment. This is not an employment contract. Please answer all questions completely and accurately. False or misleading statements during the interview or on this form are grounds for terminating the applicant process or, if discovered after employment, termination of employment.

All qualified applicants will receive consideration regardless of race, color, creed, religion, sex, sexual preference, national origin, marital status, age or the presence of disabilities.

Additional testing of job-related skills and for the presence of drugs in your body may be required prior to employment.

Applicant Information			
Name: _____			
Last		First	MI
Address: _____			
Street		City	State Zip
Home Phone: _____		Work Phone: _____	E-mail: _____
Availability			
Title of position you are applying for: _____			
What is your earliest start date? _____			
What employment category do you seek? _____ Full time _____ Part time _____ Temporary			
Education			
Please circle highest grade completed 7 8 9 10 11 12 13 14 15 16 16+			
If your high school records are under a name different than above, please indicate here. _____			
High School			
Name	City/State	Graduate/Degree?	
College or			
University			
Other			
List any other skills, licenses, or certificates that may be related to the position for which you are applying.			

Previous Employment

(List most recent first)

Name of Employer: _____ Supervisor: _____
Position Title: _____ Phone Number: _____
Full time _____ Part time _____
From: _____ To: _____ Salary: _____ per: _____
Duties and responsibilities: _____

Reason for leaving: _____

Name of Employer: _____ Supervisor: _____
Position Title: _____ Phone Number: _____
Full time _____ Part time _____
From: _____ To: _____ Salary: _____ per: _____
Duties and responsibilities: _____

Reason for leaving: _____

Name of Employer: _____ Supervisor: _____
Position Title: _____ Phone Number: _____
Full time _____ Part time _____
From: _____ To: _____ Salary: _____ per: _____
Duties and responsibilities: _____

Reason for leaving: _____

Drivers License

Should the job require, do you have the appropriate valid driver's license? Yes No
License #: _____ Type: _____ State of Issue: _____
List any moving violations for the previous five (5) years: _____

Can you perform the requirements of this position with or without reasonable accommodation?

Yes No

References

Name

List only those familiar with your work ability. Do not list relatives.
Address/Telephone Number Years Known/Relationship

1

2

3

Skills Checklist

Do you have cash handling experience? _____

Do you have other computer skills? _____

Are you familiar with the Internet? _____

Can you operate a FAX? _____

List the software programs with which you are familiar: _____

Certification and Release

I certify that I have read and understand the applicant note on this form, and that all the answers given by me to the questions and the statements made are complete and true to the best of my knowledge and belief. I understand that any false information, omissions, or misrepresentations of facts called for in this application may result in rejection of my application or termination at any time during my employment. I authorize the Alice Baker Memorial Public Library and/or its agents including consumer reporting bureaus, to verify any of this information. I authorize all former employers, persons, schools, companies and law enforcement authorities to release any information concerning my background and hereby release said persons, schools, companies and law enforcement authorities from any liability for any damage whatsoever for issuing this information. I also understand that the use of illegal drugs prior to and during my employment is prohibited.

I understand that application forms must be received no later than the time on the designated closing date, and that the Library is not responsible for errors made by the postal system, or for mechanical failure of a FAX machine. I will have the original document to the Library within three (3) days after receipt of the fax.

I further understand and agree that this application is not a contract for employment, and that any individual hired by the Alice Baker Memorial Public Library may leave their employment or may be terminated by the Alice Baker Memorial Public Library at any time for any reason.

Signature: _____ Date: _____

This application may be mailed to: Alice Baker Memorial Public Library, P.O. Box 520, Eagle, WI 53119
The postmark on the envelope must be dated no later than the designated closing date in order to be accepted.
Applications and/or resumes may also be faxed to: (262) 594-5126

You may use this space to provide additional information.