

Lester Public Library of Arpin
8091 County Rd E., Arpin, WI 54410
715-652-2273

Application for Employment

Please complete this application in blue or black ink.

Employment applications will be kept for two years. Background check forms will be destroyed upon completion of background check.

Position applied for: _____

Personal Information

Name: _____
Last First Middle

Address: _____
Street City State Zip Code

Phone Number: _____
Home Work Cell

Are you 18 years or older? ___ Yes ___ No

List any felonies (including any convictions for a domestic violence offense)

Date Offense Court

List any DUI, Physical Control and/or Driving Under Suspension Violations within the last 5 years.

Date Offense Court

Education

	<u>Name/Location of School</u>	<u>Dates attended</u>	<u>Diploma/Degree</u>
High School	_____	_____	_____
Technical School	_____	_____	_____
College	_____	_____	_____
Graduate School	_____	_____	_____

List of computer software that you are skilled in using, including word processing, spreadsheets and database programs. Please indicate the name of the specific software:

Licenses, Certifications

License/Certification issued by License/Certification Number Expiration Date

Personal References

Persons who have known you for at least one year (not former employers or relatives)

Name/Occupation Address Telephone Years Known

1. _____

2. _____

3. _____

Employment History

Are you currently employed? No ___ Yes, full-time ___ Yes, part-time ___

Begin with your most recent employer.

1. Business/address: _____ Position held, job duties: _____

Telephone: _____

Supervisor's Name: _____

Hire Date: _____ Ending Date: _____

Was this a supervisory position? Yes ___ No ___ How many did you supervise? _____

2.
Business/address: _____

Position held, job duties: _____

Telephone: _____

Supervisor's Name: _____

Hire Date: _____ Ending Date: _____

Was this a supervisory position? Yes___ No___

How many did you supervise? _____

3.
Business/address: _____

Position held, job duties: _____

Telephone: _____

Supervisor's Name: _____

Hire Date: _____ Ending Date: _____

Was this a supervisory position? Yes___ No___

How many did you supervise? _____

In the area below, describe the experience, education, training, and other factors that qualify you for the position you are applying:

Release and Authorization

___ I authorize LPLA to obtain copies of my work record and educational history from my former employers and/or educational institutions, but I ask that you not contact the following employers. _____

___ I certify that the facts contained in this application are true and complete to the best of my knowledge and belief. I understand that this application must be completed in full or it will not be considered.

___ I understand that falsified statements and misleading information given in my application or interview may result in discharge from employment.

Applicant Signature

Date