

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. SSN#'s and birth dates will be expunged when background check is completed.

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 _____