

# BARRON PUBLIC LIBRARY

10 N 3RD STREET, BARRON, WI 54812

## APPLICATION FOR EMPLOYMENT

(Use additional pages if necessary)

Please print or type. Answer all questions completely and show clearly that you meet the requirements of the position applied for. The information will be used to determine if your application is accepted. Part or all of your rating will be based on this information.

POSITION APPLIED FOR	<input type="checkbox"/> PART- TIME <input type="checkbox"/> FULL - TIME	
NAME (FIRST, MIDDLE, LAST)	PRIMARY PHONE NO.	CELL PHONE NO.
PRESENT ADDRESS (NUMBER, STREET, CITY, STATE AND ZIP CODE)		
ALL OTHER NAMES BY WHICH YOU HAVE BEEN KNOWN (INCLUDING MAIDEN NAME)		
ARE YOU A U.S. CITIZEN OR LEGAL ALIEN? <input type="checkbox"/> YES <input type="checkbox"/> NO	SOCIAL SECURITY NUMBER	
NAMES OF RELATIVES EMPLOYED AT THE LIBRARY OR BY THE CITY OF BARRON		

           COMPLETE IF APPLICABLE TO JOB FOR WHICH YOU ARE APPLYING           

DO YOU HAVE A VALID WI DRIVER'S LICENSE? <input type="checkbox"/> YES <input type="checkbox"/> NO	HAVE YOU EVER BEEN EMPLOYED BY THE LIBRARY OR BY THE CITY OF BARRON? <input type="checkbox"/> YES <input type="checkbox"/> NO	
WERE YOU EVER ASKED TO RESIGN OR DISCHARGED? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF SO, THE REASON FOR YOUR RESIGNATION/DISCHARGE:	
WERE YOU IN THE U.S. ARMED FORCES? <input type="checkbox"/> YES <input type="checkbox"/> NO BRANCH _____	IF YES, WHEN? FROM      TO	TYPE OF DISCHARGE:
WHAT DAYS AND TIMES ARE YOU AVAILABLE TO WORK?		
MAY WE CONTACT YOUR PRESENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	EARLIEST DATE YOU ARE ABLE TO START?	

**BARRON PUBLIC LIBRARY APPLICATION CONTINUED: Page 2**

HAVE YOU EVER BEEN CONVICTED OF ANY VIOLATION OF LAW OTHER THAN MINOR TRAFFIC VIOLATIONS?  YES  
 NO

Note: A conviction record will not automatically exclude you from employment. Factors such as age at the time offense, rehabilitation efforts, how recent it occurred and seriousness of the crime will be taken into account. The relationship between the offense and the job for which you are applying will be evaluated carefully.

IF YES, NATURE OF OFFENSE	DATE OF CONVICTION	NAME AND LOCATION OF COURT

**EDUCATION**

HIGHEST GRADE COMPLETED	NAME AND CITY OF HIGH SCHOOL	DID YOU GRADUATE FROM THIS HIGH SCHOOL? <input type="checkbox"/> YES <input type="checkbox"/> NO		
TRAINING BEYOND HIGH SCHOOL: COLLEGE, TECHNICAL OR OTHER SCHOOLS YOU HAVE ATTENDED.		NUMBER OF YEARS BEYOND HIGH SCHOOL: _____		
NAME AND LOCATION	DATES ATTENDED		MAJOR/FIELD OF STUDY	DEGREE EARNED
	FROM	TO		
<b>OTHER LICENSES OR CERTIFICATES THAT YOU HOLD:</b>				

**REFERENCES:** Please provide the names of three people you either currently work with or previously worked with. For example, a previous or current co-worker and/or supervisor is recommended. No relatives please.

Name	Phone Number	Relationship	Years Acquainted

**BARRON PUBLIC LIBRARY APPLICATION CONTINUED: Page 3 of 4**

**EMPLOYMENT INFORMATION:** Beginning with your **PRESENT** or **most recent employer**, list all current and/or previous employers, including self-employment, military service, summer and part-time jobs. If you need more space, please use additional pages as necessary. Complete this information even if you provide a resume. All other experience that would qualify you for this position should also be listed.

Company Name	Dates Employed	Most current Job Title:
Address	From:	Work performed:
State      Zip Code	To:	
	Full – Time ____	
	Part-Time ____	
Telephone Number	Wage/Salary: Starting\$	Name/Title of Supervisor
Reason for Leaving	Ending \$	May we contact this employer? Please Circle: YES or NO

Company Name	Dates Employed	Most current Job Title:
Address	From:	Work performed:
State      Zip Code	To:	
	Full – Time ____	
	Part-Time ____	
Telephone Number	Wage/Salary: Starting\$	Name/Title of Supervisor
Reason for Leaving	Ending \$	May we contact this employer? Please Circle: YES or NO

Company Name	Dates Employed	Most current Job Title:
Address	From:	Work performed:
State      Zip Code	To:	
	Full – Time ____	
	Part-Time ____	
Telephone Number	Wage/Salary: Starting\$	Name/Title of Supervisor
Reason for Leaving	Ending \$	May we contact this employer? Please Circle: YES or NO

**APPLICANT'S STATEMENT**

By signing below, I certify that the answers given by me to the foregoing questions and/or statements are true and correct to the best of my knowledge and without misrepresentations or omissions of any kind. I further understand that the making of any false or misleading statement or willful omission on the Application for Employment, or any other document, may be used to deny me employment, or if employed, used for discipline, up to and including termination. I agree that the Barron Public Library shall not be held liable in any respect if my employment is terminated because of false statements, answers, or omissions made by me on the Application for Employment or any other document.

I hear by grant permission to the Barron Public Library to investigate any of the information included in this application, I understand that this also includes authorization for the Barron Public Library to investigate my background, references, employment record, and other matters related to my suitability for employment. This may include a criminal background check and a check of my driving record. I also authorize the companies, schools, persons named above or any third parties to give any information, transcripts, records, or documents requested regarding my work experience, educational background, character or qualifications, personal or otherwise. I hereby release said companies, schools, persons or third parties from all liability for any damage that may result from furnishing this information to the Barron Public Library.

I also understand that I may be required to undergo a post-conditional employment offer physical examination, which may include drug and/or alcohol tests, and hereby authorize the release of the results of such physical examination and drug and/or alcohol tests to the Barron Public Library. I understand that in the future I may be required to undergo such examinations and tests and that my employment is contingent upon successful completion of such tests. I understand and release the Barron Public Library from any and all liability with respect to such examinations and tests, and hold the Barron Public Library harmless for any decision made by the Barron Public Library in this respect.

I understand that if employed, I must furnish documents to verify my identity and eligibility for employment in the United States in accordance with the Immigration Reform and Control Act of 1986.

I agree to conform to the rules and regulations of the Barron Public Library. I fully understand that agree that filling out this Application for Employment does not obligate the Barron Public Library to offer me a job, nor does it obligate me to accept a job with the Barron Public Library. In the event I am hired, I understand that unless I am covered by a collective bargaining agreement, my employment, benefits and/or compensation is "at-will" and for no definite period and can be terminated with or without cause or reason, and with or without notice, at any time, at the option of either the City of Barron or myself. I understand that no employer representative of the Barron Public Library has any authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing. Any such modification or agreement must be in writing.

Signature \_\_\_\_\_ Date \_\_\_\_\_

*This application is kept on file for a minimum of 6 months. If you have not heard from us within that time and still desire to be considered for employment, it may be necessary for you to reapply for future consideration.*