

POTTAWATOMIE-WABAUNSEE REGIONAL LIBRARY

EMPLOYMENT APPLICATION

The Regional Library's policy is to seek employees on the basis of ability, experience, training, character, and without regard to race, religious creed, color, national origin, ancestry, or age.

PERSONAL

Date _____

Name _____ Social Security No. _____

Last First Middle

Present address _____ Telephone No. _____

Number / Street City State Zip

Do you have any physical condition that may limit your ability to perform the particular job for which you are applying? _____ If yes, describe such condition _____

Position(s) applied for _____ Rate of pay expected \$ _____ per hour.

Would you work Full-Time _____ Part-Time _____ Specify days and hours if part-time _____

Were you previously employed by us? _____ If yes, when? _____

Are there any other experiences, skills, or qualifications, which you feel, would especially fit you for work with our organization? _____

RECORD OF EDUCATION

School	Name and Address of School	Course of Study	Check Last Year Completed	Did You Graduate?	List Diploma or Degree
Elementary	_____		5 6 7 8	Yes	
	_____			No	

High	_____		9 10 11 12	Yes	
	_____			No	

College	_____		1 2 3 4	Yes	
	_____			No	

Other (Specify)	_____		1 2 3 4	Yes	
	_____			No	

List Below All Present and Past Employment, Beginning With Your Most Recent

1	Name and Address of Company and Type of Business	From/To Mo/Yr Mo/Yr	Describe the work you did	Weekly Starting Salary	Weekly Last Salary	Reason for Leaving	Name of Supervisor
	_____ _____ _____ _____ Telephone _____		_____ _____ _____ _____ _____				
	_____ _____ _____ _____ Telephone _____		_____ _____ _____ _____ _____				
	_____ _____ _____ _____ Telephone _____		_____ _____ _____ _____ _____				
	_____ _____ _____ _____ Telephone _____		_____ _____ _____ _____ _____				

May we contact the employers listed above? _____ If not, indicate which one(s)
 You do not wish us to contact _____

PERSONAL REFERENCES (Not Former Employers or Relatives)

Name and Occupation	Address	Phone Number

MILITARY SERVICE RECORD

Were you in the U.S. Armed Forces? Yes ____ No ____ If yes, what Branch? _____

Date of duty: From _____ to _____ Rank at discharge _____
Month / Day / Year Month / Day / Year

List duties in the service including special training _____

I CERTIFY THAT THE INFORMATION ON THIS APPLICATION IS ACCURATE AND COMPLETE AND SUBJECT TO VERIFICATION BY THE LIBRARY. I UNDERSTAND THAT ANY MISREPRESENTATION OR OMISSION OF FACTS OR CIRCUMSTANCES THAT WOULD BE DETRIMENTAL TO THIS APPLICATION IS SUFFICIENT CAUSE FOR DISMISSAL.

I UNDERSTAND THAT ALL EMPLOYEES OF THE LIBRARY ARE HIRED FOR A 6-MONTH PROBATIONARY PERIOD.

SIGNATURE OF APPLICANT

DATE