

# Application for Employment

# DeForest Area Public Library

Last name			First	Middle Initial	For Personnel use only	Date of application	
Street address					Type(s) of work desired	Social Security number	
City		State		ZIP	Home telephone	Work telephone	
How were you referred to The DeForest Area Public Library? (Circle only one.)	A. By your college	B. Advertisement	C. Employment agency	D. By an employee	If so, give name:	E. Other	

***Please read carefully and complete by printing in ink or typing.  
Provide all information requested.***

### ***Employment Record***

Starting with present or most recent, list all previous employers. Include self-employment and summer and part-time jobs. If more space is required, please continue on a separate sheet. You may attach a resume, but complete this application as well.

Last or present company		Type of business	Type or classification of job	
Street address		Phone number	Brief description of job duties	
City	State	Zip code		
Supervisor's name		Phone number	Dates worked From	To
Reason for leaving				
Last or present company		Type of business	Type or classification of job	
Street address		Phone number	Brief description of job duties	
City	State	Zip code		
Supervisor's name		Phone number	Dates worked From	To
Reason for leaving				



***Special Skills and /or Military Service***

*To be completed by applicant for office / clerical work*

Computer skills	Hardware Software	
Please list other skills and / or equipment / language experience you have acquired		

***Professional / Work References***

List two past supervisors and one person who is not related to you who have knowledge of your qualifications for the position for which you are applying.

Name	Title / relationship	Address (street, city, state, ZIP code)	Phone no. (include area code)	Occupation
May we contact your present employer? Yes _____ No _____				
Date available				

I hereby certify that the answers and other information on this application are true and correct and that I understand any misrepresentation or omission of facts on my part will be justification for separation from the library's service, if employed. I understand that my employment may be contingent upon receipt of an alien registration number, verification of birth, and that other pertinent information bearing upon my employment, and that my continued employment depends upon the will of the library or myself.

Date \_\_\_\_\_

Signature \_\_\_\_\_

***An Equal Opportunity Employer***

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.