

Beloit Public Library

605 Eclipse Blvd., Beloit, WI 53511 APPLICATION FOR EMPLOYMENT

Instructions:

- 1. Complete application in ink or use a typewriter.
- 2. Answer all questions.
- 3. Date and sign this application on last page.
- 4. Applications will be kept in an active file for four months.

The Beloit Public Library is an Equal Opportunity Employer and fully subscribes to the principles of Equal Employment Opportunity. It is the policy of the Library to provide employment, compensation and other benefits related to employment based on qualifications, without regard to race, color, religion, national origin, sexual orientation, age, sex, veteran status or disability, or any other basis prohibited by Federal or State law. As an Equal Opportunity Employer, the Library intends to comply fully with all Federal and State laws and the information requested on this application will not be used for any purpose prohibited by law.

Position Desired:		Date:	
Are you interested in: Full-time:	Part-time:	Either:	_
Name:			
Address:			
City, State,ZIP:			
Telephone: Home:	Work:		
Email:			
Social Security Number:			
Do you currently possess a valid Driver's Lice	ense?	Sta	te:
Do you currently possess a valid Commercial List any other licenses, registration, or certific	rates you possess: (nu	urse, journeyman, etc.)	
List any other names by which you have been	known on official re	cords	
May we contact your present employer regard	ing your qualification	ns?	
Have you worked for us before?	If yes,	when?	
Are you a citizen of the United States? If not, there?	_	•	mit you to work

CONVICTION RECORD

Date Charge			Place		Court		Action Taken	
		EDU	CATION AN	D TRAI	NING			
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EMPLOYMENT RECORD

List in order, present employer first. (Include experiences in Armed Forces.) From (Mo-Yr) To (Mo-Yr) Job Title or Occupation:_____ Company name and address: Supervisor's name & title:_____Supervisor's phone #:_____ Description of your duties: Highest salary earned \$______ per ____ Full time Part time Reason for leaving: To (Mo-Yr) Job Title or Occupation: From (Mo-Yr) Company name and address: Supervisor's name & title: _____Supervisor's phone #:_____ Description of your duties: Highest salary earned \$______ per _____ Full time Part time Reason for leaving:_____ Job Title or Occupation:_____ From (Mo-Yr) To (Mo-Yr) Company name and address: Supervisor's name & title: Supervisor's phone #: Description of your duties: Highest salary earned \$______ per _____ Full time Part time Reason for leaving: From (Mo-Yr) To (Mo-Yr) Job Title or Occupation: Company name and address:_____ Supervisor's name & title:_____Supervisor's phone #:_____ Description of your duties:_____ Highest salary earned \$______ per ____ Full time Part time Reason for leaving:

REFERENCES

Examples include additional supervisors not listed previously or volunteer coordinators/lead workers knowledgeable of your work performance. Do not include individuals listed under employment record. Do not include personal friends or relatives. Reference name and address: Relationship to reference: Reference's Telephone number: Reference name and address: Relationship to reference: Reference's Telephone number:_____ Use this space for any additional information or comments regarding your qualifications for employment such as professional activities or affiliations: **Please Read Carefully Applicant's Certification and Agreement** I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge. I understand that if employed, falsified statements on this application or given to the employer through the application process may be considered sufficient cause for dismissal. I am aware that a thorough investigation of my entire background is to be conducted. I hereby authorize and request the release of any and all information concerning me (including a transcript of any academic record) to the Beloit Public Library or its agent upon presentation of this or copy hereof. I understand that the background check might be done either before or after an employment decision is reached and in fact could conceivably be done on multiple occasions during employment. Some positions require a physical examination following an offer of employment. A record of the examination is placed in a separate, confidential medical file. I authorize any medical provider to supply this information to the Beloit Public Library. In addition, I authorize all employers and other parties, whether named in my application or not, to provide information relative to my employment as requested by the Beloit Public Library. I hereby release from liability and hold harmless the Beloit Public Library and all persons and corporations supplying this information to the Beloit Public Library an/or its agents. A photocopy of this authorization is as effective as the original. **Signature of Applicant:**

Thank you for completing this application form and for your interest in employment with us. We would like to assure you that your

opportunity for employment with the Beloit Public Library will be based on your merit and on no other consideration.

Updated July 2009

BELOIT PUBLIC LIBRARY

Supplementary Application Information (Optional)

The following information will be used for research and reporting purposes for the Beloit Public Library. We ask that you carefully complete the following information. This form is not a part of your application.

PL	LEASE PRINT OR TYPE			Date _.			
1.	Name	(5:1)	(84:141.)	_ Birthdate			
2	(Last)	(First)	(Middle)		Cov	N A	F
۷.	Social Security Number	ər			Sex	M	Г
3.	Job(s) applied for						
4.	Race/Ethnic identificat	ion – Please check	one				
	Europe, North A b. BLACK (Not of H	frica, or the Middle Edispanic origin). Per persons of Mexican, alture or origin, regar IFIC ISLANDERS. Foutheast Asia, the Incommendation of ALASKAN In America, and who regnition. The disclose infort interfere with your or to consider special, you may identify the	sons having origins in Puerto Rican, Cuban,	any of the Central or in any of the Pacific I ring origins ification thr al or menta o. On the occommoda	Black ra South All the origin slands. in any of ough trib al limitation ther han te a phy	cial groumerican, al people the origal affiliatons that d, if yoursical or	ps of or es of inal ion or
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