



APPLICATION FOR EMPLOYMENT

This application will be kept on file for three months. Call the Business Office (789-7147) if you wish us to hold it for another three months or need to update your information.

Name: _____
Last First Middle Initial

Position (s) applying for: _____ DATE: _____

Address: _____

Email address: _____ Telephone: _____

Are you 16 or older?
 Yes No

Want full-time position

Want part-time position

Either

When are you willing & able to work? (Check all that apply)

Mornings Evenings

Afternoons Weekends

If you are a student, please attach copy of school schedule.

Educational Background

If you are currently enrolled in school, indicate school name & grade level: _____

Name & City	Course of Study	Degree/Diploma	Last Grade Completed	Year Graduated
High School			<input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12	
College			<input type="checkbox"/> FR <input type="checkbox"/> SO <input type="checkbox"/> JR <input type="checkbox"/> SR	
Graduate School				
Other				

Special studies or continuing education not included above: _____

Describe any library work experience you have had: _____

What are your other experiences, skills or qualifications which will be of special benefit in the position(s) for which you are applying? (Applicant should not list any information that federal and/or state law precludes obtaining in the pre-employment stage.)

List special interests or hobbies: _____

WORK EXPERIENCE (start with present or most recent employer)

1)	EMPLOYER: Address: Title & duties: Supervisor's Name: _____ Phone #: _____	Dates employed: Reason for Leaving: May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
<hr/>		
2)	EMPLOYER: Address: Title & duties: Supervisor's Name: _____ Phone #: _____	Dates employed: Reason for Leaving: May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
<hr/>		
3)	EMPLOYER: Address: Title & duties: Supervisor's Name: _____ Phone #: _____	Dates employed: Reason for Leaving: May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
<hr/>		
4)	EMPLOYER: Address: Title & duties: Supervisor's Name: _____ Phone #: _____	Dates employed: Reason for Leaving: May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No

Account of periods of unemployment greater than three months:

PERSONAL REFERENCES If you have not worked in the last five years, list three personal references (non-relatives).

NAME	ADDRESS	PHONE NUMBER	RELATIONSHIP

CONDITIONS OF EMPLOYMENT:

The Library may make a thorough investigation of the applicant's entire work history and may verify all information given. The applicant releases from liability any person who provides such information. Falsification of data or deliberate omission of a fact by the applicant, or information discovered as a result of this investigation may prevent the applicant from being hired, or if hired, may subject the applicant to dismissal. Applicant may be required to take a physical examination, which may include a drug/alcohol test, at library expense at any time to determine if applicant is physically fit for the job he/she is to perform. This is an application for employment and no employment contract is being offered or inferred. LPL and City of La Crosse are equal opportunity employers.

I understand the above conditions of employment.

Applicant Signature: _____ Date: _____

For OFFICE USE ONLY

Position: _____ Interviewed by: _____ Date: _____

ADDITIONAL INFORMATION (INCLUDING CLASS SCHEDULE)