

Name: _____

Phone: _____

Address: _____

Email: _____

Number Apt. City / State / Zip

Are you 16 years or over? Yes No Are you 18 years or over? Yes No

Can you legally work in the United States? Yes No

Are you applying for a specific vacancy? Yes No If yes, which vacancy? _____

Type of work desired: Full-time Part-time Full-time or Part-time

For part-time employment, number of hours per week you would like to work: _____

Employment may be located at either of the Community Library locations (Salem or Twin Lakes). The library is open year round, six days per week and work assignments may include day, evening, and weekend hours.

Indicate the hours you are available to work: Daytime Evenings Saturdays Sundays

Education

Did you graduate from high school or earn a GED? Yes No If no, are you still a student? Yes No

High School Name _____ Location _____

Additional Education

Institution & Location	Years attended	Program of study	Degree/Year

Employment History

List most recent first. If more space is needed, use a separate sheet. You may attach a resume, but application must be completed.

Employer name, supervisor, phone number	Job title & brief description of work	Employment dates	May we contact your employer?
			Yes <input type="checkbox"/> No <input type="checkbox"/>
Reason for leaving:			
			Yes <input type="checkbox"/> No <input type="checkbox"/>
Reason for leaving:			
			Yes <input type="checkbox"/> No <input type="checkbox"/>
Reason for leaving:			

References (List three professional/personal references)

Name (First & Last)	Relationship	Years known	Phone number

The Community Library is an Equal Employment Opportunity Employer. The Library makes every reasonable effort to consider all qualified candidates. The Library provides job applicants with disabilities reasonable assistance in the job interview. If you require assistance, please contact the Library at 262-843-3348.

Completed applications should be returned to any of the Community Library locations by the identified date in the job vacancy announcement. Applications will remain on file for six months.

To the best of my knowledge, the above information is accurate and complete. Any material false statements or omission on this application will lead to immediate termination, and I agree that the Community Library shall not be held liable in any respect if my employment is terminated for that reason. I authorize the companies, schools, and persons named above to give any information requested regarding my employment, character, and qualifications, and release and hold harmless Community Library and the companies, schools, and persons from any liability in doing so.

Signature: _____

Date: _____

Confidentiality

S.19.36(7), Wisconsin Statutes provide that every applicant for a position with the Community Library (CL) may indicate in writing to CL that the applicant does not wish CL to reveal his or her identity. If an applicant makes such an indication in writing, CL shall not provide access to any record that may reveal the identity of the applicant, unless applicant becomes a final candidate. The applicant understands that the names and salaries are public record which are subject to disclosure. Applicant also understands that nothing contained herein precludes his/her application from being admitted in evidence in the course of any litigation or administrative hearing. Please indicate your wish below:

I do not authorize my identity to be revealed unless I become a finalist for Library employment.

Signature: _____

Date: _____

I authorize my identity to be revealed.

Signature: _____

Date: _____

Note: Failure to indicate your preference will subject your name for release in accordance with the above statement.

Referral Source

Indicate where you heard about the position for which you are applying (optional).

Library Employee Library Website Walk-in Posted at Library Newspaper

Other: _____

Locations

24615 - 89th Street
Salem Lakes, WI 53168
262-843-3348

110 S. Lake Avenue
Twin Lakes, WI 53181
262-877-4281