Office Use Only

Date Application Received: ______ Date Applicant Interviewed: _____

Application for Employment at SPIRIT LAKE PUBLIC LIBRARY

An Equal Opportunity Employer (If possible, please attach a resume for more information.)

Personal Information

.

| Last Name: | |
|----------------------------|--|
| First Name: | |
| Social Security Number: | |
| Address: | |
| City, State, Zip Code: | |
| Phone Number: | |
| Email Address: | |
| re you under the age of 18 | the United States? Yes: No: Yes: No: Yes: No: Ho: Ho: Ho: Ho: Ho: Ho: Ho: H |
| | |

Position you are applying for:

What date are you available to begin at Spirit Lake Public Library?

.....

Education

Please list name and location of school, diploma/degree, and years completed.

| High School: | |
|------------------|--|
| Address: | |
| Diploma/Degree: | |
| Years Completed: | |

| College: | |
|------------------|--|
| Address: | |
| Diploma/Degree: | |
| Years Completed: | |

| Grad School: | |
|------------------|--|
| Address: | |
| Diploma/Degree: | |
| Years Completed: | |

| Other School: | |
|------------------|--|
| Address: | |
| Diploma/Degree: | |
| Years Completed: | |

Please list any relevant skills, qualifications, or licenses:

Employment History

List past employers beginning with current or most recent:

| Employer 1: | | |
|---|---------------|--|
| Address: | Phone Number: | |
| Job Title: | | |
| Supervisor: | | |
| Date Started: | Date Ended: | |
| Work Performed: | | |
| Reason for Leaving: | | |
| May we contact your previous supervisor for a reference? Yes: \Box No: \Box | | |

| Employer 2: | |
|---|---------------|
| Address: | Phone Number: |
| Job Title: | |
| Supervisor: | |
| Date Started: | Date Ended: |
| Work Performed: | |
| Reason for Leaving: | |
| May we contact your previous supervisor for a reference? Yes: \Box No: \Box | |

| Phone Number: | |
|---|--|
| | |
| | |
| Date Ended: | |
| | |
| Reason for Leaving: | |
| May we contact your previous supervisor for a reference? Yes: No: No: | |
| | |

References

| Name 1: | |
|----------------------------|--|
| Address: | |
| Phone Number: | |
| Email Address: | |
| Relationship to Applicant: | |

| Name 2: | |
|----------------------------|--|
| Address: | |
| Phone Number: | |
| Email Address: | |
| Relationship to Applicant: | |

| Name 3: | |
|----------------------------|--|
| Address: | |
| Phone Number: | |
| Email Address: | |
| Relationship to Applicant: | |

Additional Comments

Please explain why you would like to be a part of the Spirit Lake Public Library team:

Please describe your work style (e.g., driven, work independently, team player, etc.):

I HEREBY CERTIFY that this application contains no misrepresentations or falsifications and that the information given by me is true and complete to the best of my knowledge and belief. I am aware that should an investigation at any time disclose any such misrepresentation or falsification, my application will be rejected and I may be dismissed from service. I further authorize the Spirit Lake Public Library to make all necessary and appropriate investigations to verify the information contained herein.

| Signature of Applicant: | Date: |
|-------------------------|-------|
| Signature of Applicant. | Date. |

(If submitting this document electronically with a typed name, you agree that this serves in the place of your handwritten signature.)