



# Beloit Public Library

409 Pleasant St, 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 six 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 License? \_\_\_\_\_ State: \_\_\_\_\_

Do you currently possess a valid Commercial Driver's License or Permit? (CDL) \_\_\_\_\_

List any other licenses, registration, or certificates you possess: (nurse, journeyman, etc.)  
\_\_\_\_\_  
\_\_\_\_\_

List any other names by which you have been known on official records. \_\_\_\_\_

May we contact your present employer regarding your qualifications? \_\_\_\_\_

Have you worked for us before? \_\_\_\_\_ If yes, when? \_\_\_\_\_

Are you a citizen of the United States? If not, are you in this country on a visa which will permit you to work here? \_\_\_\_\_

## CONVICTION RECORD

Have you ever been convicted of a crime? YES NO Include all felonies and misdemeanors. Exclude minor traffic offenses and convictions prior to your 18<sup>th</sup> birthday. Conviction is not an automatic bar to employment. Each case is considered on its individual circumstances. I understand that a subsequent discovery by the Library of false information may be considered grounds for termination.

Date	Charge	Place	Court	Action Taken

## EDUCATION AND TRAINING

Did you graduate from high school? YES NO

If yes, name and location of high school. \_\_\_\_\_

If no, have you passed a high school equivalency or G.E.D. Test? YES NO

Date test was passed    Month \_\_\_\_\_    Year \_\_\_\_\_

Training beyond high school (college or university, business college, military or other training you have received). **Indicate credits earned or completed.**

Name and Location	Full or Part Time	Dates Attended		Credits Earned	Major Fields of Study	Degree and Dates
		From Mo/Yr	To Mo/Yr			

## EMPLOYMENT RECORD

List in order, present employer first. (Include experiences in Armed Forces.)

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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: \_\_\_\_\_

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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: \_\_\_\_\_

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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: \_\_\_\_\_

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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: \_\_\_\_\_

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## 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.

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Reference name and address: \_\_\_\_\_

Relationship to reference: \_\_\_\_\_

Reference's Telephone number: \_\_\_\_\_

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Reference name and address: \_\_\_\_\_

Relationship to reference: \_\_\_\_\_

Reference's Telephone number: \_\_\_\_\_

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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:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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.

