

# APPLICATION FOR EMPLOYMENT

## Andersen Center Point Public Library

### GENERAL INFORMATION

Name (Last)	(First)	(Middle Initial)	Home Telephone ( ) -
Address (Mailing Address)	(City)	(State)	(Zip) Other Telephone ( ) -
E-Mail Address		Are you legally entitled to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No	

### POSITION

Position Or Type Of Employment Desired	Will Accept: <input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time <input type="checkbox"/> Temporary	Available for: <input type="checkbox"/> Day <input type="checkbox"/> Evening <input type="checkbox"/> Saturday
Are you able to perform the essential functions of the job you are applying for, with or without reasonable accommodation? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Salary Desired	Date Available	

### EDUCATION AND TRAINING

High School Graduate Or General Education (GED) Test Passed? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, list the highest grade completed				
<b>College, Business School, Military (Most recent first)</b>				
Name and Location	Dates Attended Month/Year	Graduate	Degree & Year	Major or Subject
	From	<input type="checkbox"/> Yes		+
	To	<input type="checkbox"/> No		
	From	<input type="checkbox"/> Yes		
	To	<input type="checkbox"/> No		
	From	<input type="checkbox"/> Yes		
	To	<input type="checkbox"/> No		
Occupational License, Certificate or accomplishments				
Languages Read, Written or Spoken Fluently Other Than English				

### VETERAN INFORMATION (Most recent)

Branch of Service	Date of Entry	Date of Discharge
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### SPECIAL SKILLS (List all pertinent skills to the position applying for)

(Maximum 300 characters)
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**WORK EXPERIENCE (Most Recent First) (Include voluntary work and military experience)**

Employer	Telephone Number ( ) -	From (Month/Year)
Address		
Job Title	Number Employees Supervised	To (Month/Year)
Specific Duties (Maximum 350 characters)		Hours Per Week
		Last Salary
Reason For Leaving		May We Contact This Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer	Telephone Number ( ) -	From (Month/Year)
Address		
Job Title	Number Employees Supervised	To (Month/Year)
Specific Duties (Maximum 350 characters)		Hours Per Week
		Last Salary
Reason For Leaving		May We Contact This Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
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		Last Salary
Reason For Leaving		May We Contact This Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No

I certify the information contained in this application is true, correct, and complete. I understand that, if employed, false statements reported on this application may be considered sufficient cause for dismissal.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Notes	Date Received