



Ida Rupp Public Library is an equal opportunity employer. All applicants will be considered for employment without attention to race, color, religion, sex, sexual orientation, gender identity, national origin, veteran or disability status.

Employment Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Date Available: _____ Desired Salary: \$ _____

Position Applied for: _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for this company? YES NO If yes, when? _____

Are you related to any Library Employee or Library Trustee? YES NO

Education

High School: _____ Address: _____

Years Completed _____ Did you graduate? YES NO Diploma: _____

College: _____ Address: _____

Years Completed _____ Did you graduate? YES NO Diploma: _____

Other: _____ Address: _____

Years Completed _____ Did you graduate? YES NO Diploma: _____

References

Please list three professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Email: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Email: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Email: _____

Previous Employment

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact this employer? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____

Reason for leaving: _____

May we contact this employer? YES NO

Previous Employment (Continued)

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____

Reason for leaving: _____

May we contact this employer? YES NO

Military Service (Complete if you have served in the U.S. Armed Forces)

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Date of Final Discharge: _____

Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

Available Hours

Please check times you are available to work

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge. I understand falsified information or significant omissions may disqualify me from further consideration for employment and may be considered justification for dismissal if discovered at a later date. I also understand that successful completion of background check will be required before commencement of employment.

Signature: _____ Date: _____