Sioux Center Public Library

Office Use Only:
Date Application Received: _____
Date Applicant Interviewed: _____

Application for Employment at SIOUX CENTER PUBLIC LIBRARY

An Equal Opportunity Employer

(If possible, please attach a resumé for more information.)

Personal Information

Last Name: _____

First Name: _____

Social Security Number: _____

Address: _____

City, State, Zip Code: _____

Email Address: _____

Are you eligible to work in the United States? ☐ Yes ☐ No

Are you under the age of 18? ☐ Yes ☐ No

Have you ever been convicted of a felony? ☐ Yes ☐ No

If yes, please explain:

_____

_____

Position & Your Availability

Position you are applying for: _____

Temporary Work (summer or a few months): ☐ Yes ☐ No

Regular Part-Time Work: ☐ Yes ☐ No

Regular Full-Time Work: ☐ Yes ☐ No

What date are you available to begin work? _____

Next to the days below, please indicate the times you would be available:

Day	Hours Available
Mondays:	
Tuesdays:	
Wednesdays:	
Thursdays:	
Fridays:	
Saturdays:	

Educational Background

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

High School Name: _____

High School Address: _____

Diploma/Degree: _____

Years Completed: _____

College or University Name: _____

College or University Address: _____

Diploma/Degree: _____

Years Completed: _____

Graduate School Name: _____

Graduate School Address: _____

Diploma/Degree: _____

Years Completed: _____

Other School Name: _____

Other School Address: _____

Diploma/Degree: _____

Years Completed: _____

Please list any relevant skills, qualifications, licenses, or languages spoken:

_____

_____

Employment History

List past employers beginning with current or most recent:

Employer 1 Name: _____

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 ☐ No

Employer 2 Name: _____

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 ☐ No

Employer 3 Name: _____

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 ☐ No

References

Do not include relatives.

Reference 1 Name: _____

Address: _____

Phone Number: _____

Email Address: _____

Relationship to Applicant: _____

Reference 2 Name: _____

Address: _____

Phone Number: _____

Email Address: _____

Relationship to Applicant: _____

Reference 3 Name: _____

Address: _____

Phone Number: _____

Email Address: _____

Relationship to Applicant: _____

Additional Comments

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

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

Signature & Certification

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 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 Sioux Center Public Library to make all necessary and appropriate investigations to verify the information contained herein.

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.)