

APPLICATION FOR EMPLOYMENT
LaValle Public Library
101 Main Street, PO Box 7
LaValle, Wisconsin 53941
(608) 985-8383 Village Clerk or (608) 985-7323 (Library)

Please answer all questions as completely as possible.

PERSONAL INFORMATION

NAME _____ DATE _____
Last First Middle
ADDRESS _____
Street City State/Zip
PHONE NUMBER _____
ALTERNATE PHONE NUMBER _____ BEST TIME TO CALL: AM PM

EMPLOYMENT DESIRED

POSITION APPLYING FOR _____
SALARY REQUIREMENT _____ DATE AVAILABLE TO START _____

Are you legally eligible for employment in the United States? Yes _____ No _____
(Proof of U.S. citizenship or Immigration status will be required upon employment.)

Have you been convicted of a felony within the last 7 years? Yes _____ No _____
(If you have been convicted it does not automatically mean you will not be hired. What you were convicted of, and how long ago, are important.)

If yes, please state all pertinent information concerning each conviction, including date, place and nature of conviction: _____

Have you ever been known by any other names(s) which the LaValle Public Library will need to know to verify any of the information contained in this application? Yes _____ No _____ If yes, give name(s) and identify the related school, employer, etc. _____

AN EQUAL OPPORTUNITY AFFIRMATIVE ACTION EMPLOYER

EMPLOYMENT RECORD

List your current or most recent employer first and indicate a continuous record of employment for the last five employers or from the time you left school. (Please add a supplementary sheet if additional space is required.)

****If currently employed, may your employer be contacted at this time for a reference? Yes___No___**

Date Month and Year	Name and address of employer	Position	Reason for Leaving
From: To:	Employer: Address: Phone No.: Supervisor: Job Title and duties:		
From: To:	Employer: Address: Phone No.: Supervisor: Job Title and duties:		
From: To:	Employer: Address: Phone No.: Supervisor: Job Title and duties:		
From: To:	Employer: Address: Phone No.: Supervisor: Job Title and duties:		
From: To:	Employer: Address: Phone No.: Supervisor: Job Title and duties:		

REFERENCES

GIVE THE NAMES OF THREE PERSONS, TWO OF WHOM ARE NOT RELATED TO YOU, WHOM YOU HAVE KNOWN FOR AT LEAST ONE YEAR.

NAME	ADDRESS & Phone	BUSINESS	YEARS ACQUAINTED

READ CAREFULLY BEFORE SIGNING

I certify that the information given by me in this application is true and complete. I understand and agree that any false information, misrepresentation, or concealment of fact is sufficient grounds for either my immediate discharge without recourse or refusal of employment by the LaValle Public Library.

I agree that if I am employed by the LaValle Public Library my employment may be terminated at any time without liability except such wages as may have been earned at the date of such termination. I further understand and acknowledge that this is an application for employment, that no employment contract is being offered and that if I am employed such employment is for an indefinite period of time and that the Library can change wages, benefits and conditions at any time.

I understand and agree that the LaValle Public Library may verify all information furnished in this application. I also understand that any employment is subject to a satisfactory check of references and a Police Department background check. I hereby authorize all individuals and organizations named or referred to in this application and any law enforcement organization to give the Library all information relative to my employment, work habits, and character and hereby release such individuals, organizations, and the Library from any liability for any claim or damage which may result.

Signature _____ **Date** _____