

Silver Lake Public Library – Application for Employment

We are an equal opportunity employer. It is our policy that all applicants be considered solely on the basis of qualifications and ability without regard to race, religion, color, sex, age, national origin, disability, or veteran status. Please complete the application in its entirety and answer all questions completely. Indicate N/A if not applicable. Applications are kept on file for six months from the applicant signature date. All information provided will be kept confidential and the completed application becomes the property of the Silver Lake Library.

PRINT CLEARLY

DATE OF APPLICATION _____ POSITION _____

FULL NAME _____

STREET ADDRESS _____

CITY, STATE, ZIP _____

PHONE _____ CELL OR ALT. PHONE _____ E-MAIL _____

Do you have the legal right to reside and work in the United States of America? Yes No

Proof of citizenship or work authorization will be required for employment.

Have you ever been employed by the Silver Lake Library? Yes No

If yes, note position and last date of employment. _____

Do you currently have a relative or member of your household working for the Silver Lake Library or serving on the Library Board? Yes No If yes, give name and relationship of individual

Having a relative or member of your household working for the Library or serving on the Library Board is not an automatic bar to employment – policy prohibits individuals with certain familial ties from working in a supervisor/subordinate relationship.

Have you ever pled “guilty” or “no contest” to, or been convicted of a crime? Yes No

If yes, provide dates and details. _____

Conviction of a crime is not an automatic bar to employment. The Library will consider the nature of the offense, the date of the offense, and the relationship between the offense and the position for which you are applying.

AVAILABILITY – Indicate hours available and in days indicated

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Date available to start: _____

EDUCATION AND PROFESSIONAL TRAINING

	Name and Location of Schools Attended	Graduate – Yes or No	Course of Study or Major	Type of Certification or Degree
High School				
College/University				
Graduate School				
Business/Trade School or other				

SPECIAL SKILLS & QUALIFICATIONS

Indicate any experience, special training, skills, licenses or certifications not provided in other parts of this application that may assist you in performing the position for which you are applying: _____

Indicate your skills in working with office machines and equipment including computer hardware, software, email, Internet, word processing, spreadsheets, and other computer skills: _____

EMPLOYMENT HISTORY

Name & Address of Employer <i>Begin listing most recent employer</i>	Job Title & Main Duties	Dates of Employment	Reason for Leaving

PERSONAL REFERENCES [NO FAMILY MEMBERS]

Name	Complete Mailing Address	Telephone Number

I certify that information contained in this application is true and correct:

Signature: _____ Date: _____