

Employment Application

LEAVENWORTH PUBLIC LIBRARY

417 Spruce Street | Leavenworth, KS 66048 | 913-682-5666

Please print legibly. Answer all questions as completely as possible. The Leavenworth Public Library is an Equal Opportunity Employer.

Position(s) applied for: _____ Date of application: ____/____/____

Name _____
Last First Middle

Address _____
Street City State Zip code

Home phone (____) _____ Mobile (____) _____ Email _____

How did you hear about us? _____ Are you legally eligible to work in the U.S.? Yes No

Type of employment desired: Full time Part time Desired salary range: \$ _____ Available start date: ____/____/____

Have you ever been employed here before? Yes No If yes, list dates and positions: _____

Is this application a request for reemployment following an extended military leave of absence from the Library? Yes No

If yes, additional information may be requested.

Driver's license number _____ State _____

Have you ever been convicted of a crime? (Answering "yes" does not constitute an automatic bar to employment.) Yes No

If yes, please provide details: _____

Employment History (List most recent first)

Employer _____ Phone (____) _____

Address _____
Street City State Zip code

Starting job title/final job title _____ Dates employed _____ to _____
Month/Year Month/Year

Compensation \$ _____ Hourly Salary Immediate supervisor and title _____

May we contact for a reference? Yes No If yes: Phone (____) _____ Email _____

Summarize the type of work performed and job responsibilities _____

Why did you leave? _____

Employer _____ Phone (____) _____

Address _____
Street City State Zip code

Starting job title/final job title _____ Dates employed _____ to _____
Month/Year Month/Year

Compensation \$ _____ Hourly Salary Immediate supervisor and title _____

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May we contact for a reference? Yes No If yes: Phone (____) _____ Email _____

Summarize the type of work performed and job responsibilities _____

Why did you leave? _____

Skills and Qualifications

Summarize any special training, skills, licenses and/or certifications that may assist you in performing the position for which you are applying:

Computer skills (Check any that apply and include name of software and years of experience.)

<input type="checkbox"/> Word processing _____ Years: _____	<input type="checkbox"/> Email _____ Years: _____
<input type="checkbox"/> Spreadsheet _____ Years: _____	<input type="checkbox"/> Internet _____ Years: _____
<input type="checkbox"/> Presentation _____ Years: _____	<input type="checkbox"/> Other _____ Years: _____

Educational Background

	School name, full address	# Years completed	Course of Study	Completed
High School		1 2 3 4		<input type="checkbox"/> Diploma <input type="checkbox"/> GED
College		1 2 3 4		<input type="checkbox"/> Degree _____
				<input type="checkbox"/> Certification _____
Other (Specify)		1 2 3 4		Description of other education:

References

Provide three business, work, school or personal references who are not related to you and are not previous supervisors.

Name	Title	Relationship to you	Phone	Email	# Years Known

Certificate of Applicant:

It is understood and agreed that any misrepresentation on this application form and or associated resume will be sufficient cause for cancellation of this application and/or termination of employment if I have been employed. Furthermore, I understand that just as I am free to resign at any time, the Library reserves the right to terminate my employment at any time, with or without cause and without notice. I understand that no representative of the Library has the authority to make assurances to the contrary. I give the Library the right to investigate all references and to secure additional information about me to be used to determine my suitability for employment. I hereby release from liability the Library and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

I have read the full job description for this position.

I certify that I have read, fully understand and accept all terms of the Certificate of Applicant.

Signature _____ Date ____/____/____