

Wilson Memorial Library

109 E. Washington Ave., Keota, IA 52248 641)636-3850 wilsonlib@keota.lib.ia.us

Application for Employment

The policy of the Wilson Memorial Library is to provide equal opportunity to all qualified persons without regard to race, creed, color, religious belief, sex, age, national origin, ancestry, physical or mental disability, or veteran status.

Basic Information

Today's date _____

Name, Last _____ First _____ M.I. _____

Residence address _____

City _____ State _____ ZIP _____

Mailing address, if different from above _____

Phone number _____ Email (optional) _____

What is the best way to contact you? (phone, text, email or other?) _____

Position applied for _____

How did you hear of this opening? _____

When can you start? _____

Are you a U.S. citizen or otherwise authorized to work in the U.S. on an unrestricted basis?
(You may be required to provide documentation.) Yes No

Have you ever been convicted of a felony? (This will not necessarily affect your application.)
Yes No

If yes, please describe the conditions. _____

Education

School name and location	Year(s)	Major/couse	Degree
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Example: Keota High School

93-96

college prep

h.s. diploma

High school _____

College _____

College _____

Post-Graduate _____

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Education continued...

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Other training _____

Other training _____

In addition to you work history, please list any other skills, qualifications or experience that you would like us to consider. _____

Experience

Please explain what experience, if any, you have working with computers. _____

Please list any computer programs, if any, with which you have worked in the past. _____

Please explain what experience, if any, you have had with a library—this includes any library, not just the Wilson Memorial Library. *(For example, do you visit the library or have you in the past? What services have you used at the library?)* _____

Employment History

Start with the most recent employer.

Company name _____

Location _____ Phone number _____

Start date _____ Starting wage _____ Starting position _____

End date _____ Ending wage _____ Ending position _____

Name of supervisor _____ May we contact this employer? Yes No

Responsibilities _____

Reason for leaving _____

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Name of supervisor _____ May we contact this employer? Yes No

Responsibilities _____

Reason for leaving _____

Company name _____

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Start date _____ Starting wage _____ Starting position _____

End date _____ Ending wage _____ Ending position _____

Name of supervisor _____ May we contact this employer? Yes No

Responsibilities _____

Reason for leaving _____

References

Please list three people who we may contact for a character reference.

	Name	Phone #	Relationship to you
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

Please carefully read the following statement and sign your consent:

I certify that the facts set forth in this application for employment are true and complete to the best of my knowledge. I understand that, if I am employed, false statements on this application shall be considered sufficient cause for dismissal. The library is hereby authorized to make any investigations of my prior educational and employment history.

I understand that employment at this library is "at will," which means that either I or the library can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All employment is continued on that basis. I understand that no supervisor, manager, or executive of this library, other than the president, has any authority to alter the foregoing.

Signature _____ Date _____