

**CLAIBORNE PARISH PUBLIC LIBRARY
APPLICATION FOR EMPLOYMENT**

The Claiborne Parish Public Library is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment depends solely on your qualifications.

Thank you for completing this form and for your interest.

DATE: _____

NAME: _____
LAST FIRST MIDDLE

PRESENT ADDRESS:

NUMBER STREET CITY STATE ZIP

TELEPHONE: (_____) _____

IF YOU ARE UNDER 18 YEARS OF AGE, PLEASE LIST AGE: _____

EMPLOYMENT DESIRED

FULL-TIME ONLY PART-TIME ONLY EITHER

WHEN WOULD YOU BE AVAILABLE TO START WORK? _____

EDUCATION:

(LIST THE SCHOOL ATTENDED AND DEGREE, IF APPLICABLE)

HIGH SCHOOL FROM WHICH YOU RECEIVED A DIPLOMA:

(OR CHECK BLANK FOR) GED: _____

COLLEGE: _____

BUSINESS OR TRADE SCHOOL: _____

PROFESSIONAL SCHOOL: _____

ARE YOU A READER? NO YES

WHAT IS THE TITLE OF THE LAST BOOK YOU READ?

DO YOU USE THE PUBLIC LIBRARY ON A REGULAR BASIS?

NO _____ YES _____

WHAT IS THE PURPOSE OF A PUBLIC LIBRARY IN YOUR OPINION?

HAVE YOU EVER BEEN CONVICTED OF A CRIME?

NO YES

If yes, explain the number of convictions (s), nature of offense (s) leading to conviction (s), how recently such offense (s) was/were committed, sentence (s) imposed and type (s) of rehabilitation.

PLEASE LIST TWO REFERENCES OTHER THAN RELATIVES OR PREVIOUS EMPLOYERS.

NAME: _____

POSITION: _____

ADDRESS: (IF KNOWN) _____

PHONE NUMBER: _____

NAME: _____

POSITION: _____

ADDRESS: (IF KNOWN) _____

PHONE NUMBER: _____

WORK EXPERIENCE

**PLEASE LIST YOUR WORK EXPERIENCE FOR THE PAST 3 YEARS
BEGINNING WITH YOUR MOST RECENT JOB HELD:**

NAME OF EMPLOYER: _____

ADDRESS: _____

PHONE: _____

SUPERVISOR'S NAME: _____

EMPLOYMENT DATES: _____

REASON FOR LEAVING: _____

ENDING SALARY: _____

**LIST JOB DUTIES, SKILLS USED OR LEARNED, ADVANCEMENTS OR
PROMOTIONS THAT OCCURRED WHILE YOU WORKED AT THIS
POSITION:**

NAME OF EMPLOYER: _____

ADDRESS: _____

PHONE: _____

SUPERVISOR'S NAME: _____

EMPLOYMENT DATES: _____

REASON FOR LEAVING: _____

ENDING SALARY: _____

LIST JOB DUTIES, SKILLS USED OR LEARNED, ADVANCEMENTS OR PROMOTIONS THAT OCCURRED WHILE YOU WORKED AT THIS POSITION:

NAME OF EMPLOYER: _____

ADDRESS: _____

PHONE: _____

SUPERVISOR'S NAME: _____

EMPLOYMENT DATES: _____

REASON FOR LEAVING: _____

ENDING SALARY: _____

LIST JOB DUTIES, SKILLS USED OR LEARNED, ADVANCEMENTS OR PROMOTIONS THAT OCCURRED WHILE YOU WORKED AT THIS POSITION:

PLEASE READ CAREFULLY:

APPLICATION FORM WAIVER

In exchange for the consideration of my job application by **Claiborne Parish Public Library** (hereinafter called “the Library”), I agree that : Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Library practices, shall serve to create an actual or implied contract of employment, or confer any right to remain an employee of Claiborne Parish Public Library or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the Library Director. Both the undersigned and the Library may end the employment relationship at any time, without specified reason or notice. If employed, I understand that the Library may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction of benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Library permission to contact schools, previous employers, references and others, and hereby release the Library from any liability as a result of such contact.

I also understand that (1) the Library has a drug and alcohol policy that provides for pre-employment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job-related physical examinations.

I understand that, in connection with the routine processing of my employment application, the Library may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics and mode of living. Upon written request by me, the Library will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

I further understand that my employment with the Library shall be probationary for a period of one year, and further that at any time during the probationary period or thereafter, my employment relation with the Library is terminable at will for any reason by either party.

Signature Of Applicant: _____ **Date:** _____