

# HEARTLAND REGIONAL LIBRARY SYSTEM

## Employment Application



### APPLICANT INFORMATION

|  |  |                              |                             |  |  |  |                  |                              |                             |  |  |
|--|--|------------------------------|-----------------------------|--|--|--|------------------|------------------------------|-----------------------------|--|--|
| Last Name  |  |                              |                             | First  |  |  | M.I.             | Date                         |                             |  |  |
| Street Address                                     |  |                              |                             |  |  |  | Apartment/Unit # |                              |                             |  |  |
| City   |  |                              |                             | State  |  |  | ZIP              |                              |                             |  |  |
| Phone  |  |                              |                             | E-mail Address                                 |  |  |                  |                              |                             |  |  |
| Birth Date   |  |                              |                             | Date Available to Start                        |  |  |                  |                              |                             |  |  |
|  |  |                              |                             |  |  |  |                  |                              |                             |  |  |
| Are you a citizen of the United States?            |  | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If no, are you authorized to work in the U.S.? |  |  |                  | YES <input type="checkbox"/> | NO <input type="checkbox"/> |  |  |
| Have you ever worked for this company?             |  | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If so, when?                                   |  |  |                  |                              |                             |  |  |
| Have you ever been convicted of a felony?          |  | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If yes, explain                                |  |  |                  |                              |                             |  |  |
| Do you have a valid MO Vehicle Operator's License? |  | YES <input type="checkbox"/> | NO <input type="checkbox"/> |  |  |  |                  |                              |                             |  |  |

### EDUCATION

|  |  |    |  |                   |                              |                             |        |  |  |  |
|--|--|----|--|-------------------|------------------------------|-----------------------------|--------|--|--|--|
| High School  |  |    |  | Address           |                              |                             |        |  |  |  |
| From   |  | To |  | Did you graduate? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Degree |  |  |  |
| College  |  |    |  | Address           |                              |                             |        |  |  |  |
| From   |  | To |  | Did you graduate? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Degree |  |  |  |
| Other  |  |    |  | Address           |                              |                             |        |  |  |  |
| From   |  | To |  | Did you graduate? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Degree |  |  |  |
| Hours in Library Science: (Give details and dates) |  |    |  |                   |                              |                             |        |  |  |  |
|  |  |    |  |                   |                              |                             |        |  |  |  |
| Special Training: (Give details and dates)         |  |    |  |                   |                              |                             |        |  |  |  |
|  |  |    |  |                   |                              |                             |        |  |  |  |

### PREVIOUS EMPLOYMENT

|   |  |                    |  |                    |  |  |  |
|---|--|--------------------|--|--------------------|--|--|--|
| Company   |  |                    |  | Phone              |  |  |  |
| Address   |  |                    |  | Supervisor         |  |  |  |
| Job Title   |  | Starting Salary \$ |  | Ending Salary \$   |  |  |  |
| Responsibilities  |  |                    |  |                    |  |  |  |
| From  |  | To                 |  | Reason for Leaving |  |  |  |
| May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/> |  |                    |  |                    |  |  |  |

|  |  |                              |                             |
|--|--|------------------------------|-----------------------------|
| Company  |  | Phone                        |                             |
| Address  |  | Supervisor                   |                             |
| Job Title  | Starting Salary                        | \$                           | Ending Salary \$            |
| Responsibilities   |  |                              |                             |
| From   | To                                     | Reason for Leaving           |                             |
| May we contact your previous supervisor for a reference?   |  | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Company  |  | Phone                        |                             |
| Address  |  | Supervisor                   |                             |
| Job Title  | Starting Salary                        | \$                           | Ending Salary \$            |
| Responsibilities   |  |                              |                             |
| From   | To                                     | Reason for Leaving           |                             |
| May we contact your previous supervisor for a reference?   |  | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| <b>JOB REQUIREMENTS</b>  |  |                              |                             |
| Position Applied for   |  |                              |                             |
| Full Time (# of Hours/Week)  |  | Part Time (# of Hours/Week)  |                             |
| Dates Available for Employment   |  |                              |                             |
| Are you willing to work the required   | Daytime Hours                          | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
|  | Evening Hours                          | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
|  | Saturdays                              | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Can you perform any special skills?  | Office Skills:                         | YES <input type="checkbox"/> | Please explain:             |
|  | Media:                                 | YES <input type="checkbox"/> | Please explain:             |
|  | Computer Software or other technology: | YES <input type="checkbox"/> | Please explain:             |
|  | Specialties:                           | YES <input type="checkbox"/> | Please explain:             |
|  | Other:                                 | YES <input type="checkbox"/> | Please explain:             |
| Disclaimer and Signature   |  |                              |                             |
| I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release. |  |                              |                             |
| Signature  |  |                              | Date                        |

**REFERENCES**

*Please list three professional references.*

|           |  |              |  |
|-----------|--|--------------|--|
| Full Name |  | Relationship |  |
| Company   |  | Phone        |  |
| Address   |  |              |  |
| Full Name |  | Relationship |  |
| Company   |  | Phone        |  |
| Address   |  |              |  |
| Full Name |  | Relationship |  |
| Company   |  | Phone        |  |
| Address   |  |              |  |