

HEARTLAND REGIONAL LIBRARY SYSTEM

Employment Application

Return to P.O. Box 231, Vienna, MO 65582



APPLICANT INFORMATION

Last Name		First		M.I.	Date	
Street Address				Apartment/Unit #		
City			State		ZIP	
Phone			E-mail Address			
Date Available to Start						
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?			
Do you have a valid MO Vehicle Operator's License?	YES <input type="checkbox"/>	NO <input type="checkbox"/>				

EDUCATION

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

PREVIOUS EMPLOYMENT

Company			Phone		
Address			Supervisor		
Job Title					
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			
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			
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
JOB REQUIREMENTS			
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			