

BREMEN PUBLIC LIBRARY

Employment Application

APPLICANT INFORMATION												
Last Name				First			M.I.			Date		
Street Address						Apartment/Unit #						
City				State			ZIP					
Phone				E-mail Address								
Date Available				Social Security #				Desired Salary				
Desired Position												
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									

EDUCATION									
High School									
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree				
College									
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree				
Other									
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree				

REFERENCES									
Please list two professional references that we can contact who are familiar with your work performance:									
Full Name					Relationship				
Company					Phone				
Address					Email				
Full Name					Relationship				
Company					Phone				
Address					Email				

SKILLS									
Please list your best qualifications for the desired position:									
Please list any office skills and office equipment knowledge:									

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"/>		

MILITARY SERVICE

Branch					From		To	
Rank at Discharge					Type of Discharge			
If other than honorable, explain								

HOURS AVAILABLE

Are you available to work mornings?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Are you available to work evenings until 8?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Are you available to work afternoons?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Are you available to work Saturdays?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

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	
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