

Howard County Library District

Howard County Public Library • 201 S. Main, Fayette, Missouri 65248 • 660-248-3348

APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION:

TODAY'S DATE: _____

Name: _____
LAST FIRST MIDDLE

Address: _____
STREET/ROUTE CITY STATE ZIP

Permanent Address: _____
IF DIFFERENT FROM ABOVE ADDRESS

Home Phone: _____ Other: _____

Social Security Number: _____

Position Applied For: _____ When are you available to begin? _____

- Some of our jobs require a driver's license. Do you have a valid Missouri Driver's License? Yes No
- Have you ever been discharged or forced to resign from any job for misconduct or unsatisfactory service? Yes No
- Have you ever been convicted of any violation of the law? Yes No If yes, explain: _____

EDUCATION:

SCHOOL	NAME & ADDRESS	YEARS ATTND.	GRADUATED	CONCENTRATION/DEGREE
Grammar 1-8			<input type="checkbox"/> Yes <input type="checkbox"/> No	
High School 9-12			<input type="checkbox"/> Yes <input type="checkbox"/> No	
College			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Post Graduate			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Business/Trade			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other			<input type="checkbox"/> Yes <input type="checkbox"/> No	

SKILLS/EXPERIENCE: Check all that apply.

- LIBRARY SKILLS
- TYPING (Words per minute: _____)
- WORK WITH PUBLIC
- WRITING
- COMPUTER EXPERIENCE (List: _____)

WORK HISTORY: List in order, last or present employer first.

DATES EMPLOYED FROM:	NAME, ADDRESS & PHONE OF EMPLOYER/SUPERVISOR	DUTIES & RESPONSIBILITIES	SALARY & REASON FOR LEAVING
TO:	EMPLOYER ADDRESS PHONE SUPERVISOR		\$ _____ BEGINNING \$ _____ ENDING REASON:
FROM:	EMPLOYER ADDRESS PHONE SUPERVISOR		\$ _____ BEGINNING \$ _____ ENDING REASON:
FROM:	EMPLOYER ADDRESS PHONE SUPERVISOR		\$ _____ BEGINNING \$ _____ ENDING REASON:
FROM:	EMPLOYER ADDRESS PHONE SUPERVISOR		\$ _____ BEGINNING \$ _____ ENDING REASON:

MAY WE CONTACT THE EMPLOYERS LISTED ABOVE? YES NO

PERSONAL AND EMPLOYMENT REFERENES:

NAME & RELATIONSHIP	ADDRESS	PHONE
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

THE INFORMATION ON THIS APPLICATION IS TRUE AND COMPLETE. IF EMPLOYED, I UNDERSTAND THAT MISREPRESENTATION ON THIS APPLICATION AMY BE SUFFICIENT CAUSE FOR DISMISSAL. THE HOWARD COUNTY LIBRARY DISTRICT IS AUTHORIZED TO INVETIGATE ALL STATEMENTS MADE ON THIS APPLICATION.

Applicant's Signature: _____ **Date:** _____