

EMPLOYMENT APPLICATION

PAULINE HAASS PUBLIC LIBRARY
N64W23820 Main Street
Sussex, WI 53089
262-246-5180
www.phplonline.org

Pauline Haass Public Library (the "Library") is an equal opportunity/affirmative action employer. All qualified applicants will be considered without regard to age, race, color, sex, religion, nation origin, marital status, ancestry, citizenship, veteran status, sexual orientation or preference, or physical or mental disability.

I have read the job description for the position for which I am applying.
I understand the requirements and can meet all of them with or without
reasonable accommodation Yes No

PERSONAL			
Last Name	First	Middle Initial	Today's Date
Other Name(s) Used		Position Applied For	
Street Address		Salary/Wage Desired	
City/State/Zip			
Email Address		Telephone #	
Have you ever interviewed with the Library before? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, list date(s) & job title(s)	
Have you ever been employed by the Library before? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, list date(s) & job title(s)	
Do you have any relatives employed by the Library? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, list date(s) & job title(s)	
Are you at least 16 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Last updated 8/23/2018

Employed from / /	Employer name	Supervisor name	Starting salary
Employed until / /	Employer address	Supervisor phone #	Ending salary
Job title		Reason for leaving (be specific)	
Number of hours per week			
Duties & responsibilities			

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Number of hours per week			
Duties & responsibilities			

Would you like to tell us about any volunteer positions you have held which required skills related to this job?

GENERAL

Yes No

- If hired, will you be able to work beyond the specific hours currently given for this position?
- Have you ever been convicted of a crime, excluding misdemeanors and summary offenses, which has not been annulled, expunged, or sealed by court? (A 'yes' response does not automatically disqualify your application.)
- Do you face pending charges for a crime, excluding misdemeanors and summary offenses? (A 'yes' response does not automatically disqualify your application.)

CERTIFICATION & AUTHORIZATION

The above information is true and correct. I understand that, in the event of my employment by the Library, I shall be subject to dismissal if any information that I have given, either intentionally or unintentionally, in this application is false or misleading or if I have failed to give any information herein requested, regardless of the time elapsed after discovery.

I authorize the Library to inquire into my educational, professional, and past employment history references as needed to research my qualifications for this position. I hereby give my consent to any former employer to provide employment-related information about me to the Library and will hold the Library and my former employer harmless from any claim made on the basis that such information about me was provided or that any employment decision was made on the basis of such information. I further authorize the Library to obtain any credit and consumer check, as well as a criminal background check.

I understand that satisfactory results of drug and alcohol screening may be required for employment.

I understand that nothing in this employment application, the granting of an interview or my subsequent employment with the Library is intended to create an employment contract between myself and the Library under which my employment could be terminated only for cause. On the contrary I understand and agree that, if hired, my employment will be terminable at will and may be terminated by me or the Library at any time and for any reason. I understand that no person has any authority to enter into any agreement contrary to the foregoing.

If employed, I will be required to provide original documents which verify my identity and right to work in the United States under the Immigration Reform and Control Act (IRCA) of 1986. The document(s) provided will be used for completion of Form I-9.

I hereby acknowledge that I have read and agree to the above statements.

Signature _____

Date _____