

140 E. Jefferson Ave.
Kirkwood, MO 63122
(314) 821-5770
FAX (314) 822-3755
kirkwoodpubliclibrary.org

EMPLOYMENT APPLICATION

The Kirkwood Public Library welcomes you as an applicant for employment. Your application will be considered with others in competition for the position in which you are interested. It is our policy to provide equal employment opportunities to all. Individuals are evaluated and selected solely on the basis of their qualifications. Applications will be kept on file for one year.

Please furnish complete and accurate information so that we can properly evaluate your application. Be warned that the use of false or misleading information, or the omission of important facts, may be grounds for immediate dismissal. Also note that information you provide herein may be subject to later verification and/or testing. You may attach to this application any additional information that helps explain your qualifications.

(Please print clearly or type). All information provided on this employment application will be kept confidential.

Personal

Last		First	Middle	Previous
Name				
Street		City	State	Zip
Present Address				
Residence	Business		May we call at work? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Telephone				
Email Address			Cell Phone:	

Work Preference

<p>Position or positions for which you are applying. Only fill out one application. (Be specific to assure correct position consideration)</p> <hr/>	<p>Are you interested in:</p> <p>FULL TIME [] PART TIME [] TEMPORARY []</p> <p>If temporary, for what period of time are you available?</p> <hr/> <p>Hours of availability</p> <hr/>
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**AN EQUAL OPPORTUNITY EMPLOYER
EMPLOYMENT TESTING ALTERNATIVES/MODIFICATIONS AVAILABLE FOR THE DISABLED
WE E-VERIFY AND BACKGROUND CHECK ALL NEW EMPLOYEES**

General Information

Have you applied and/or interviewed here before?	Position Applied/Interviewed For:	If yes, when? (Date)
Do you have any relatives employed by the Kirkwood Public Library? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Name _____		Dept. _____
Salary expected (hourly for P/T, Annual for F/T)	When are you available?	

Education

SCHOOL NAME AND LOCATION	Did You Graduate?	Degree, Diploma or Certificate And Major/Minor
High School last attended	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Vocational, technical school	Yes <input type="checkbox"/> No <input type="checkbox"/>	
College or University	Yes <input type="checkbox"/> No <input type="checkbox"/>	
College or University	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Other (Skilled trade training, etc.)	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Please list academic honors, scholarships, fellowships, memberships in professional and honorary societies and any other extracurricular activities: _____		

Special Skills

Indicate your experience with the following:

- | | | | |
|---|---|---|--|
| <input type="checkbox"/> Word | <input type="checkbox"/> Windows | <input type="checkbox"/> Public Library Setting | <input type="checkbox"/> Cash Register |
| <input type="checkbox"/> Excel | <input type="checkbox"/> Internet | <input type="checkbox"/> Customer Service | <input type="checkbox"/> Data Entry |
| <input type="checkbox"/> Access | <input type="checkbox"/> Desktop Publishing | <input type="checkbox"/> Public Speaking | <input type="checkbox"/> Arts/Crafts |
| <input type="checkbox"/> HTML | | <input type="checkbox"/> Storytimes | |
| <input type="checkbox"/> Other experience in library setting you feel will be beneficial: | | <input type="checkbox"/> Computer Software/Hardware troubleshooting | |

(If you need additional space, please continue on a separate sheet of paper)

Employment History

Please give accurate, complete full-time and part-time employment record. Start with present or most recent employer.

Company Name	Full Time <input type="checkbox"/>	Part Time <input type="checkbox"/>	Telephone
Address			Employed (State Month and Year) From _____ To _____
Job Title			Salary <input type="checkbox"/> Hourly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly \$
Name of Supervisor		May we contact him/her? Yes <input type="checkbox"/> No <input type="checkbox"/>	Reason for Leaving or Desire to Leave
List your duties/responsibilities, beginning with the duty that consumed the greatest proportion of your time:			

Company Name	Full Time <input type="checkbox"/>	Part Time <input type="checkbox"/>	Telephone
Address			Employed (State Month and Year) From _____ To _____
Job Title			Salary <input type="checkbox"/> Hourly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly \$
Name of Supervisor		May we contact him/her? Yes <input type="checkbox"/> No <input type="checkbox"/>	Reason for Leaving or Desire to Leave
List your duties/responsibilities, beginning with the duty that consumed the greatest proportion of your time:			

Company Name	Full Time <input type="checkbox"/>	Part Time <input type="checkbox"/>	Telephone
Address			Employed (State Month and Year) From _____ To _____
Job Title			Salary <input type="checkbox"/> Hourly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly \$
Name of Supervisor		May we contact him/her? Yes <input type="checkbox"/> No <input type="checkbox"/>	Reason for Leaving or Desire to Leave
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Company Name	Full Time <input type="checkbox"/>	Part Time <input type="checkbox"/>	Telephone
Address			Employed (State Month and Year) From _____ To _____
Job Title			Salary <input type="checkbox"/> Hourly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly \$
Name of Supervisor		May we contact him/her? Yes <input type="checkbox"/> No <input type="checkbox"/>	Reason for Leaving or Desire to Leave
List your duties/responsibilities, beginning with the duty that consumed the greatest proportion of your time:			

(If you need additional space, please continue on a separate sheet of paper and include name on all attachments.)

Be certain to complete both sides of this application.

Military Service and Status

Selective service classification	
Date of entry into the armed forces	Branch of Service
Date of release	Rank at time of separation

References

Please provide the name, address and telephone number of three references who are not related to you and are not previous employers.

	Name	Address	Phone
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

List professional, trade, business or civic activities and offices held. (Exclude those which indicate race, color, religion, sex or national origin):

ALL QUESTIONS AND EXPLANATIONS MUST BE COMPLETED TO BE ELIGIBLE.

Other than minor traffic offenses for speeding, parking violations, etc., have you ever been convicted of any criminal offenses? Yes No
If yes, please explain: _____

Conviction of a crime is not an automatic bar to employment. The library will consider the nature of the offense, the date of the offense, and the relationship between the offense and the position for which you are applying.

Have you ever been involuntarily terminated from employment? Yes No

If yes, please give the name and location of the employer, the date and reasons for the termination.

PLEASE READ BEFORE SIGNING:

1. I hereby certify that all statements herein are true and complete and authorize investigation of all information contained in this application. I understand that my present employer will not be contacted for employment verification until I have become one of the finalists for the position for which I am applying and only with my consent.
2. Organizations and persons named herein are authorized to give information regarding me and they are hereby released from all liability for issuing such information.
3. I understand that misrepresentation or omission of facts called for herein shall be sufficient cause for cancellation of consideration for employment or dismissal if I have been employed.
4. I understand that my position with Kirkwood Public Library may be contingent upon my passing background checks and e-verify.
5. Furthermore, it is understood that this application and records become the property of the Public Library which reserves the right to accept or reject them.
6. I further agree to observe all rules, regulations, and policies of the library.

Date

Signature of Applicant

RETURN THIS APPLICATION TO: 140 E. Jefferson Ave., Kirkwood, MO 63122