

**AUDUBON REGIONAL LIBRARY**  
**EMPLOYMENT APPLICATION**  
 (Equal Opportunity Employer)

**Applicant Data & Disclosure**

Last Name	First Name	Middle	
Street Address	City	State	Zip
Home Phone	Cell Phone	Work Phone	
Email address: _____			

**Position For Which You Are Applying** \_\_\_\_\_

**Type of Employment**      **Please circle:**    Full-time    Part-time

What hours or days are you able to work? \_\_\_\_\_

Date available for work \_\_\_\_\_

Have you submitted an application to ARL before now? \_\_\_\_\_ Within the last year? \_\_\_\_\_

Have you ever worked for ARL before? \_\_\_\_\_ If yes, please give dates and supervisor's name: \_\_\_\_\_

Do you have a relative employed by ARL? \_\_\_\_\_ If yes, please give name and relationship  
 \_\_\_\_\_

Have you been convicted of a felony since your 18<sup>th</sup> birthday? Please circle. YES    NO  
 A conviction will not necessarily disqualify an applicant for employment.

If you answered yes, please give the following information:

Nature of Offense \_\_\_\_\_

Date of Conviction \_\_\_\_\_ Name & Location of Court \_\_\_\_\_

Driver's License Number State \_\_\_\_\_

If hired, can you provide proof that you are eligible to work in the United States? Yes    No  
 For non-citizens, a copy of your authorization to work issued by the U.S. Immigration and Naturalization Service must be submitted.

## Applicant Education History

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### High School or GED

Name and location

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Major Course of Study

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Did you graduate?

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### Vocational/Technical School/Other

Name and location

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Dates of enrollment

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Major course of study

---

Degree

---

Date completed

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### Undergraduate

Name and location

---

Dates of enrollment

---

Major course of study

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Degree

---

Date completed

---

### Graduate

Name and location

---

Dates of enrollment

---

Major course of study

---

Degree

---

Date completed

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### Applicant Employment History

Name of Employer

Address

City

State

Zip

Employer Telephone

Supervisor(s) Name

Job Title and Duties

Dates of Employment

Rate of Pay

Reason for Leaving

Name of Employer

Address

City

State

Zip

Employer Telephone

Supervisor(s) Name

Job Title and Duties

Dates of Employment

Rate of Pay

Reason for Leaving

Name of Employer

Address

City

State

Zip

Employer Telephone

Supervisor(s) Name

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Job Title and Duties

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Dates of Employment	Rate of Pay	Reason for Leaving
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### Skills

Indicate specific work skills you possess (check all that apply):

#### Office Skills

Phone skills  
 Copy/Fax  
 Filing  
 Customer Service

Troubleshooting  
 Web Development/Design  
 eBooks  
 Projectors and Peripherals  
 Other \_\_\_\_\_

#### Microsoft

Word  
 Excel  
 Powerpoint  
 Publisher

#### Cell Phones

Documents  
 Email  
 Texting  
 Social Media (Facebook, Instagram, Twitter, etc.)

#### Computer Skills

Basic Computer Skills  
 Online applications

#### Bookkeeping/Accounting

\_\_\_\_\_

### Applicant References

Name	Name
Phone	Phone
Name	Name
Phone	Phone

Name	Name
Phone	Phone

## Conditions of Employment Statement

As certified on the Employment Application, I declare that my answers to the questions are true and give Audubon Regional Library the right to investigate all information given and to secure additional appropriate information if necessary. I understand that an investigative report may be made from information obtained through personal interviews with others. I understand that this inquiry may include information as to my personal characteristics, employment verification, personal identity verifications, past employment verifications, reference checks, criminal records, motor vehicle records, and appropriateness for employment. In accordance with the law and my understanding of this statement, I authorize my current and former employers to give any information regarding my employment, together with all information regarding me, and hereby release from all liability or responsibility all persons, companies, or corporations furnishing such information in good faith. I also authorize the release of my academic records to Audubon Regional Library by schools and other educational institutions that I have attended.

I understand that the completion of this application does not assure me of a position with the Audubon Regional Library and does not obligate the Audubon Regional Library to me in any way. I further understand that any misrepresentation herein may cause my application to be rejected, my name to be removed from the eligible register and/or subject me to dismissal.

In making application for employment, I give permission for and understand that Audubon Regional Library will make a request for a background check on me regarding criminal history information, to be done by the Louisiana State Police or an equivalent inquiry to a federal law enforcement agency.

I understand that Audubon Regional Library has the right to terminate the employment relationship at any time during my probationary period with or without cause and with or without notice.

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Signature of Applicant

Date