

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

Location(s) **Please circle:** Clinton Jackson St. Helena

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 18th 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

High School or GED

Name and location

Major Course of Study

Did you graduate?

Vocational/Technical School/Other

Name and location

Dates of enrollment

Major course of study

Degree

Date completed

Undergraduate

Name and location

Dates of enrollment

Major course of study

Degree

Date completed

Graduate

Name and location

Dates of enrollment

Major course of study

Degree

Date completed

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

Job Title and Duties

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.

Signature of Applicant

Date