

EMPLOYMENT APPLICATION

400 Eau Claire Street | Eau Claire, WI 54701 | An equal opportunity employer, functioning under an affirmative action plan.

Please print.

LAST NAME FIRST NAME MIDDLE INITIAL PREFERRED PRONOUNS

CURRENT STREET ADDRESS CITY STATE ZIP CODE

PREFERRED PHONE: OTHER PHONE: EMAIL:

WHAT POSITION OR TYPE OF WORK ARE YOU APPLYING FOR?

DATE AVAILABLE TO START:

FULL-TIME PART-TIME

PERMANENT WORK
 TEMPORARY WORK

IF TEMPORARY,
FOR HOW LONG?

DAYS/HOURS AVAILABLE:

ARE YOU AT LEAST 16 YEARS OF AGE? YES NO

DO YOU HAVE A VALID DRIVER'S LICENSE? YES NO

EDUCATION & TRAINING

NAME & LOCATION OF HIGH SCHOOL:

HIGHEST YEAR COMPLETED:

IF YOU DID NOT COMPLETE HIGH SCHOOL, DO YOU HAVE A GED EQUIVALENCY? YES NO

TRAINING BEYOND HIGH SCHOOL – (List college, university, and other schools you have attended.)

HOW MANY YEARS BEYOND HIGH SCHOOL?

SCHOOL NAME & LOCATION	DATES ATTENDED	CREDITS EARNED	MAJOR	GPA	DEGREE & YEAR
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Describe any education or training you have had which is not covered above, such as vocational school, online courses, service schools, in-service training, or volunteer work which you feel is relevant to the job or jobs for which you are applying. Include relevant licenses or certificates. Be specific.

Please list any organization to which you belong or have belonged and any honors or awards you have received that you regard as relevant to the job or jobs for which you are applying.

WORK EXPERIENCE

Provide a complete description of the last four jobs you have held, even if you also submit a resumé. This information will be used to determine if your application is accepted. Be specific. Start with your most recent job. BE CERTAIN TO INCLUDE SERVICE IN THE ARMED FORCES. For part-time work, indicate the average number of hours per week. Indicate any changes in job title under the same employer as a separate position. You may attach a separate sheet with additional pertinent information.

MAY WE COMMUNICATE WITH YOUR PRESENT EMPLOYER? YES NO

EMPLOYER	KIND OF BUSINESS	LOCATION (CITY & STATE)	DATES EMPLOYED (MM/YYYY)
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YOUR TITLE	REASON FOR LEAVING	NAME OF SUPERVISOR	
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Please list your job duties.

EMPLOYER	KIND OF BUSINESS	LOCATION (CITY & STATE)	DATES EMPLOYED (MM/YYYY)
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YOUR TITLE	REASON FOR LEAVING	NAME OF SUPERVISOR	
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Please list your job duties.

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Please list your job duties.

EMPLOYER	KIND OF BUSINESS	LOCATION (CITY & STATE)	DATES EMPLOYED (MM/YYYY)
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YOUR TITLE	REASON FOR LEAVING	NAME OF SUPERVISOR	
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Please list your job duties.

REFERENCES

Please list at least two former employer references we may contact.

NAME	COMPANY		
REFERENCE'S TITLE		PHONE	EMAIL
NAME	COMPANY		
REFERENCE'S TITLE		PHONE	EMAIL
NAME	COMPANY		
REFERENCE'S TITLE		PHONE	EMAIL

OTHER INFORMATION

Have you ever been convicted as an adult for any violations of law? YES NO

Pursuant to City of Eau Claire policy, a criminal record will not be an automatic bar to employment and will only be considered as it relates to specific jobs.

If you checked yes, please complete the following.

DATE & PLACE	NATURE OF OFFENSE	DISPOSITION
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NOTICE TO APPLICANTS

PUBLIC RECORDS RELEASE OF IDENTITY AND APPLICATION INFORMATION

Wisconsin Statutes require public employers to treat the identity of applicants and applicable information as a public record if a request for information is made under the law. However, you may request by checking the appropriate box below that your identity and applicable information remain confidential and that information will not be released, unless you become a final candidate (as defined by state statute). Then, your identity may be disclosed as required under the public records law.

- YES (Maintain confidentiality, unless you are a finalist per the law.)
 NO (Do not maintain confidentiality.)

CERTIFICATION STATEMENT – Please read, sign, and date the following statement.

I am aware that a thorough investigation of my entire background, which may included, but not be limited to, an investigative credit report, a criminal background check, a driver's license record check, and/or a reference check, is to be conducted. I hereby authorize and request the release of any and all information concerning me (including a transcript of any academic record) to the L.E. Phillips Memorial Public Library or its agent upon presentation of this or copy thereof. I understand that the background check might be done either before or after an employment decision is reached and, in fact, could conceivably be done on multiple occasions during employment.

I hereby certify that all answers to the above questions are true and I agree and understand that any false statements contained in the Application may cause rejection of the application or termination of employment.

SIGNATURE:

DATE:

OPTIONAL

The L.E. Phillips Memorial Public Library is committed to creating an equitable, diverse, and inclusive work culture where all contributions are valued, respected, and appreciated. We believe that a workforce which is representative of our diverse community is aligned with the library's success and sustainability as a public institution.

We realize that the following categories may not be comprehensive or representative of an individual's identity. In the interests of consistency, uniformity, and economy, these categories align with the Equal Employment Opportunity reporting forms required for local governments.

The following information is OPTIONAL. This information will in no way be used in the decision to hire or promote. All data is confidential and is retained in the Affirmative Action Office.

GENDER: FEMALE
 MALE

How would you describe yourself in the following terms? (Select any that apply.)

- HISPANIC OR LATINO
- AMERICAN INDIAN OR ALASKAN NATIVE
- ASIAN
- BLACK OR AFRICAN AMERICAN
- NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER
- WHITE OR CAUCASIAN
- OTHER/MULTI RACIAL

VETERAN STATUS: I AM A VETERAN
 I AM NOT A VETERAN