



# WAUKESHA PUBLIC LIBRARY

## EMPLOYMENT APPLICATION

Should you need assistance in filling out this application or during any phase of the employment process, please notify the Library at (262) 524-3694 and we will make every reasonable effort to accommodate your need.

### INSTRUCTIONS

1. Complete this entire application; do not leave any blanks.
2. Should more space be needed to complete any question, you may attach additional material.
3. It is important that you PRINT clearly; incomplete or illegible applications will not be processed.
4. While you may attach a resume, you are required to complete this application in order to be considered an applicant for employment. Please do not respond to questions by answering "See Resume."
5. Failure to provide your signature where required will result in your application being rejected.
6. Attached is an Applicant Data Sheet. This information is being used for affirmative action under Section 5.03 of the Rehabilitation Act, 1973. The information requested is voluntary and will be kept confidential. No applicant will be subject to any adverse treatment for not completing these questions.

This application is intended for use in evaluating your qualifications for employment. This is not an employment contract. Please answer all questions completely and accurately. False or misleading statements during the interview or on this form are grounds for terminating the applicant process or, if discovered after employment, termination of employment. All qualified applicants will receive consideration regardless of race, color, creed, religion, sex, sexual preference, national origin, marital status, age or the presence of disabilities. A felony conviction will not automatically bar an applicant from Library employment. Additional testing of job-related skills and for the presence of drugs in your body may be required prior to employment. After an offer of employment and prior to reporting for work, you may be required to complete a medical history form and may be required to submit to an examination by a medical professional designated by the Library.

### Applicant Information

Name: \_\_\_\_\_  
Last First MI

Address: \_\_\_\_\_  
Street City State Zip

Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

Cellular Telephone : \_\_\_\_\_

### Position

Position applying for: \_\_\_\_\_

Employment Category  Full time  Part time  Seasonal

Education	Name of School	City and State	Major Subject	Degree/Diploma and Number of Years Attended
High School				
College/University				
College/University				
Other				

List any other skills, licenses, or certificates that may be related to the position for which you are applying.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Employment History

**This portion of the application must be completed even if a resume is submitted.** Starting with the most recent employer, list full and part-time jobs, summer or volunteer work during the **last 10 years**. Include periods of military service, self-employment, and unemployment. Please leave no unexplained gaps. Attach separate sheet if necessary.

Name of Employer: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Position Title: \_\_\_\_\_ Phone Number: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Salary: \_\_\_\_\_ per: \_\_\_\_\_

Duties and responsibilities: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Name of Employer: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Position Title: \_\_\_\_\_ Phone Number: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Salary: \_\_\_\_\_ per: \_\_\_\_\_

Duties and responsibilities: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Name of Employer: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Position Title: \_\_\_\_\_ Phone Number: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Salary: \_\_\_\_\_ per: \_\_\_\_\_

Duties and responsibilities: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Name of Employer: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Position Title: \_\_\_\_\_ Phone Number: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Salary: \_\_\_\_\_ per: \_\_\_\_\_

Duties and responsibilities: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

## Drivers License

Should the job require, do you have the appropriate valid drivers license?  Yes  No

License #: \_\_\_\_\_ Type: \_\_\_\_\_ State of Issue: \_\_\_\_\_

List any moving violations for the previous five (5) years \_\_\_\_\_

Failure to list all applicable violations on your drivers license will result in disqualification of your application.

## Convictions (Other than minor traffic violations)(PROVIDE YOUR BIRTHDATE ON THE APPLICANT DATA SHEET. YOUR BIRTHDATE WILL BE USED FOR CRIMINAL BACKGROUND CHECK ONLY.)

Since your 17th birthday, have you ever been convicted of any felony or misdemeanor, or been convicted of military court-martial offenses?  Yes  No

As a juvenile, have you ever been waived into adult court and convicted of any felony or misdemeanor?  Yes  No

Please list all convictions and all pending charges, including relevant dates. Attach additional pages if necessary.

Date (mm/yr)	Court Location (City/State)	Conviction or Pending Charge	Disposition

In accordance with federal, state and local law, pending criminal charges or any convictions will not be considered unless they are substantially related to circumstances of the particular job. Convictions and pending charges not reported will be cause for disqualification of your application.

## Skills Checklist

What is your typing speed? \_\_\_\_\_

Can you operate a computer?  Yes  No

Are you familiar with the Internet?  Yes  No

Can you operate a FAX machine?  Yes  No

List the software programs with which you are familiar \_\_\_\_\_

## For Applicants Applying for a Position with a Residency Requirement

I understand if required by Library Policy or labor agreement, that as one of the conditions of my employment with the Waukesha Public Library, I shall maintain my legal residency during my employment with the Library. Furthermore, I understand that I am to keep my supervisor informed, and advise the Library in writing of all changes of residence. I further understand that if I do not comply with these requirements, my employment will be terminated.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Confidentiality

Candidates for library positions may request confidentiality of their names and application information. However, for those positions identified as "local public offices" by sec. 19.42(7)(w) Wis. Stats., the Library cannot maintain requested confidentiality if your name is sent to the mayor for consideration or if you are among the group of five most qualified candidates. Generally, only department or division head positions are considered "local public offices." Please contact the Human Resources Department to inquire if the position you are applying for is considered a local public office.

- I request confidentiality of my name as a candidate for this position.  
 I do not request confidentiality of my name as a candidate for this position.

Failure to indicate your preference will subject your name and application materials to release in accordance with the above statement.

## Certification and Release

I certify that I have read and understand the applicant note on this form and that all the answers given by me to the forgoing questions and the statements made are complete and true to the best of my knowledge and belief. I understand that any false information, omissions or misrepresentations of facts called for in this application may result in rejection of my application or termination at any time during my employment. I authorize the Library and/or its agents including consumer reporting bureaus, to verify any of this information. I authorize all former employers, persons, schools, companies and law enforcement authorities to release any information concerning my background and hereby release said persons, schools, companies and law enforcement authorities from any liability for any damage whatsoever for issuing this information. I also understand that the use of illegal drugs prior to and during my employment is prohibited. If Library policy requires, I am willing to submit to drug testing to detect the use or abuse of drugs during my employment.

I understand that application forms must be received by the Library no later than 5:00 p.m. on the designated closing date and that the Library is not responsible for errors made by the postal system or for mechanical failure of a FAX machine or e-mail system.

I further understand and agree that this application is not a contract for employment, and that any individual hired by the Waukesha Public Library may leave their employment or may be terminated by the Library at any time for any reason. I understand that, other than a written statement signed by the Library Director, any oral or written statements to the contrary are not valid, are expressly disavowed and should not be relied upon by any prospective or existing employee.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

This application may be mailed to: Waukesha Public Library, 321 Wisconsin Avenue, Waukesha, WI 53186.

The postmark on the envelope must be dated no later than the designated closing date in order to be accepted. Applications and resumes can be faxed to: (262) 524-3677 no later than the time listed for the designated closing date.

# APPLICANT DATA SHEET

This form will only be used by the City's Human Resources Department and will not be forwarded to the hiring authority.

Last name (please print clearly)	First Name	MI	Date
Application for position of: _____			
Date of Birth ____/____/____			
If you should become a finalist in the hiring selection process, the Waukesha Public Library will require your date of birth. This information is intended for the sole use of a background investigation process for candidates.			

The Waukesha Public Library has adopted an Affirmative Action policy in compliance with State and Federal Law and Waukesha Public Library policies and ordinances. The disclosure of the following information is voluntary and allows us to meet federal government reporting requirements and evaluate the effectiveness of our recruitment efforts. This sheet will be removed from your application and the data will be kept confidential and will not be used in making employment decisions. Refusal to provide this information will not subject you to any adverse treatment.

(PLEASE CHECK THE APPROPRIATE CATEGORY)

RACIAL AND/OR ETHNIC HERITAGE:

- White, not Hispanic/Latino origin.** (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.)
- Black or African American, not Hispanic/Latino origin.** (A person having origins in any of the Black racial groups of Africa.)
- Hispanic or Latino.** (A person of Cuban, Mexican, Puerto Rico, South or Central American, or other Spanish culture or origin)
- American Indian or Alaskan Native, not Hispanic/Latino origin.** (A person having origins in any of the original peoples of North and South America, including Central America, and who maintain tribal affiliation or community attachment.)
- Asian, not Hispanic/Latino origin.** (A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand or Vietnam.)
- Native Hawaiian or Other Pacific Islander, not Hispanic/Latino origin.** (A person having origins in any of the original peoples of Hawaii, Guana, Samoa, or other Pacific Islands.)
- Two or more races, not Hispanic/Latino origin.** (All persons who identify with more than one of the above races.)
- Other** (specify) \_\_\_\_\_

GENDER  Male  Female

DISABILITY: Do you have a disability?  Yes  No

Can you perform the requirements of the position you are applying for with or without reasonable accommodation?

Yes  No

The City of Waukesha considers a person with a disability anyone who meets the definition under either the American with Disabilities Act or the Wisconsin Fair Employment Act. You may contact the City of Waukesha Human Resources Department at (262) 524-3745 for additional information.