

# Webster Parish Library

521 East & West Street

Minden, LA 71055

318-371-3080

The Webster Parish Library is an equal employment opportunity employer and does not discriminate based on race, religion, national origin, gender, veteran status or handicapped condition in which the person is able to perform the essential function of the position.

Please type or print clearly in ink.

Date of application \_\_\_\_\_

## PERSONAL AND GENERAL INFORMATION

Mr./Mrs./Ms. \_\_\_\_\_  
*Last First Middle Initial*

Telephone No. \_\_\_\_\_ Social Security No. \_\_\_\_\_

Present Address \_\_\_\_\_  
*Street Apt. # City State Zip Code*

How long have you resided at this address? \_\_\_\_\_ Years \_\_\_\_\_ Months

Are you under the age of 18? \_\_\_\_ Yes \_\_\_\_ No (Information for Louisiana Dept. of Labor [Minor Division])

Do you have a valid Louisiana Driver's License? \_\_\_\_ Yes \_\_\_\_ No

Are you a citizen of the United States? \_\_\_\_ Yes \_\_\_\_ No

If not, are you a legal alien with authorization to work in this country? \_\_\_\_ Yes \_\_\_\_ No

Have you ever been known by any other name(s) which Webster Parish Library will require to verify any of the information contained in this application? \_\_\_\_ Yes \_\_\_\_ No

If yes, please give name(s) and identify the related school, employer, etc. \_\_\_\_\_

Have you applied for work at our library before? \_\_\_\_ Yes \_\_\_\_ No If yes, give date \_\_\_\_\_

Does Webster Parish Library employ any of your relatives? \_\_\_\_ Yes \_\_\_\_ No

If yes, please state name(s) of employees and relationship to you: \_\_\_\_\_

What branch does this relative work for? \_\_\_\_\_

Position applied for \_\_\_\_\_ Wage desired \_\_\_\_\_

Are you available to work:  Full Time  Temporary  Part Time  Weekends

If Part Time, what days and hours are you available? \_\_\_\_\_

On what date would you be available to work? \_\_\_\_\_

Reason for seeking employment at the Webster Parish Library \_\_\_\_\_

Do you read:  Daily Paper  Non-Fiction  Fiction  Periodicals

How did you learn about us?

Advertisement  Friend  Walk-In  
 Employment Agency  Relative  Other \_\_\_\_\_

**EMPLOYMENT HISTORY**

List all employers, beginning with the most recent. Attach additional sheet if necessary. If attaching resume', please include all information that is requested below.

Place of Employment, Address & Telephone No.	From Mo/Yr	To Mo/Yr	Job Title & Job Duties	Starting Salary	Ending Salary	Reason for Leaving	Name of Supervisor
_____ _____ _____ _____							
Full-time ( ) Yes ( ) No							
_____ _____ _____ _____							
Full-time ( ) Yes ( ) No							
_____ _____ _____ _____							
Full-time ( ) Yes ( ) No							
_____ _____ _____ _____							
Full-time ( ) Yes ( ) No							
_____ _____ _____ _____							
Full-time ( ) Yes ( ) No							

Typing Ability: \_\_\_\_\_ WPM

Computer Software Programs Proficiency: \_\_\_\_\_

Are there any experiences, skills or qualifications that you believe would especially suit you for work with our organization? \_\_\_\_\_

List all equipment (office and/or trade) that you operate proficiently: \_\_\_\_\_

**EDUCATION**

Name and Address of School		Course of Study	Circle Last Year Completed	Did You Graduate?	List Diploma, Degree or Certificate Received
High School/ GED	_____ _____ _____ _____		1 2 3 4	Yes ____ No ____	
College/ University or Post-Graduate Degree	_____ _____ _____ _____		Total college hours completed _____	Yes ____ No ____	
Business or Technical School	_____ _____ _____ _____		Length of Course or Program _____	Yes ____ No ____	

List all current licenses and/or areas of certification (if not indicated above): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**REFERENCES**

Give the name, address, and telephone number of three persons (other than relatives) who have knowledge of your character, experience, or ability and have known you for at least one year.

Name	Address (City, State & Zip Code)	Phone Number	Years Known
	_____ _____ _____		
	_____ _____ _____		
	_____ _____ _____		

## APPLICANT'S STATEMENT

**Please read carefully before signing.**

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "*at will*" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "*at will*" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

I understand and agree that I will be on a six month probationary period. The Library provides no "implied employment" contract; there is no implied "duration" of employment after the probationary period.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

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Signature of Applicant

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Date