



OSHKOSH PUBLIC LIBRARY APPLICATION FOR EMPLOYMENT

Position for which you are applying

Your Name _____

Date Available _____

Full Time Summer Part Time

Today's Date _____

Read Carefully Before Filling Out This Application

1. The application will remain in our files as a permanent record of the information which you give.
2. Any false statement knowingly made in this application or any deception or fraud on your part or on the part of any person acting on your behalf will be cause for eliminating you from consideration of or removal from library employment.
3. Answer all questions as completely as possible. Additional paper may be used if there is not sufficient space to answer questions in full.
4. You are not required to furnish any information prohibited by federal, state or local law.
5. Return this application to the Administrative Office at the Oshkosh Public Library, or mail to 106 Washington Avenue, Oshkosh, WI 54901

1. Name _____
Last First Middle

2. Address _____
Number Street City State Zip

3. Home Phone No. _____ Cell Phone No. _____ Email _____

4. Are you a citizen of the U.S.? Yes No If no, please explain your status. _____

5. Are you at least 16 years of age? Yes No Your employment will be subject to verification that you meet state and federal minimum age requirements for the type of work for which you are applying and that you have a valid work permit, if necessary.

6. List the names of anyone you know employed by the Oshkosh Public Library. _____

7. Are any of your relatives presently employed by the Oshkosh Public Library? _____

Name _____ Relation _____ Department _____

8. Have you ever been employed by the Library? _____ Any other city, county or State of WI position? _____

If so, in what capacity and during what period? _____

Reasons for leaving _____

9. Have you ever been convicted of a criminal offense other than a minor traffic violation? Yes No If yes, give details: _____

10. The library is open seven days a week. Please put an X in the boxes for times you would be **available** for work.

	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.
8 am – 10 am							Lib. closed
10 am – 12 pm							Lib. closed
12 pm – 2 pm							
2 pm – 4 pm							
4 pm – 6 pm							
6 pm – 9 pm					Lib. Closed	Lib. Closed	Lib. closed

11. Give the names of three responsible persons, who are not related to you and who can recommend you as to personality, character, training and ability.

Name	Address	Telephone No.
1. _____		
2. _____		
3. _____		

12. Education. Please complete even if resume attached.

School	Name of School and Location	Major/Degree	Did you graduate?	Presently Attending?	Credits Earned
High School					
College, university or technical school					
Other					

13. List all previous employment for the past 10 years. Attach additional sheets if necessary. Start with your present or last job.

From (month & year):	Title of position held:	Phone Number:	Last salary (indicate yearly, monthly or hourly):
To (month & year):	Employer (Company Name):	Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/>	Name and title of supervisor:
	Address:	Reason for leaving:	
Primary Duties:			

From (month & year):	Title of position held:	Phone Number:	Last salary (indicate yearly, monthly or hourly):
To (month & year):	Employer (Company Name):	Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/>	Name and title of supervisor:
	Address:	Reason for leaving:	
Primary Duties:			

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To (month & year):	Employer (Company Name):	Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/>	Name and title of supervisor:
	Address:	Reason for leaving:	
Primary Duties:			

14. May we refer to your present and previous employers? Yes No If No, why not? _____

15. List special qualifications, certificates or technical training: _____

I hereby declare that the foregoing statements are true, complete and correct to the best of my knowledge and belief. I understand and agree that any misstatements, omissions or falsification may result in disqualification or removal from a library position.

Signature: _____ Date: _____

THIS APPLICATION WILL REMAIN ACTIVE FOR 6 MONTHS