## LINCOLN PARISH LIBRARY EMPLOYMENT APPLICATION

(An Equal Opportunity Employer)

PERSONA	AL INFORMATIO	ON		Date			
Name (First)		(Middle Initial	(Middle Initial)		(Last)		
Address	(Street)	(Apt.)	(City)	(State)	(Zip)		
Telephone N	 lumber	Alternative Number		Are you 16 yo	ears or olde	r? Oyes O No	
	MENT DESIRED		Pa	rt-Time Fu	ll-Time C	)	
Date you des	sire employment		Sa	lary Desired	_		
EDUCATI							
	Nam	e and Address of School		Yrs. Atte	Yrs. Attended Degree or Diploma		
High School	ol						
College/Un	iv.						
Other							
List present a	MENT HISTORY and past employmen Name/Address:	t, beginning with your mos	st recent. Position:		Dates of	Employment:	
Duties							
Rate of Pay: Supervisor:					Phone Number:		
Reason for	Reason for Leaving:						
May we con	ntact? If no, please	explain:					
Employer Name/Address:			Position:		Dates of Employment:		
Duties:					1		
Rate of Pay	Rate of Pay: Supervisor:				Phone Number:		
Reason for	Leaving:						
May we con	ntact? If no, please	explain:					

Employer Name/Address:		Position:	Dates of En	nployment:	
Duties:					
Rate of Pay:	Supervisor:		Phone Num	mber:	
Reason for Leaving:		_	1	_	
May we contact? If no, please explain:					
GENERAL INFORMATION Are you a U.S. citizen?  Yes Have you ever been employed with My computer skills are:  Basi Do you have a current Chauffeur's l Do you have physical limitations that Do you have physical limitations that Have you ever been convicted of a f  REFERENCES:	this Library? _ tic Av icense? at keep you fro at do not allow felony? Yo	rerage O Advance Yes No	waist height?Yesvaist or to kneel?Y	Yes O No	
List at least three (3) people not related to you who have first hand knowledge of your skills and abilities.  Name  Address  Relationship  Ph					
			r		
<b>RELATIVES:</b> List names and relationship of any relationship of an	elatives alread	y employed by the Lind	coln Parish Library or the	Lincoln Parish Police	
EMERGENCY INFORMATION In case of emergency notify:	Name				
	Name				
	Address				
	Phone Num	ber			

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.						
I authorize verification of all statements contained herein and the references listed above and release all parties from all liability for any damage that may result from the furnishing same to you.						
I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without any prior notice.						
I authorize Lincoln Parish Library to conduct a criminal background check and understand that information gathered in background check may be used to determine employment eligibility.						
Signature of Applicant Date						
Lincoln Parish Library Preliminary Interview						
1. Please describe your computer skills, including games/internet/email.						
2. Do you have your own transportation?						
3. Do you have any relatives or friends working for the Lincoln Parish Library? Who?						
4. If you are a student, what is your class schedule?						
5. This job requires working nights and weekends. Are you available for those hours?						

FOR OFFICE USE ONLY								
Date of Interview	Position	Hire Date	Salary					
Comments:								
Revised 8-10-2017								

6. Are you willing to work a flexible schedule as needed?

7. In what capacities have you used the Lincoln Parish Library or other libraries?