

Application For Employment

Name:

Street Address:

City: State: Zip:

What Position are you applying for?

Date Available:

I understand the job requires working some evenings, Saturdays, and/or Sundays. Yes

Home Phone: Work Phone:

List name and relationships of relatives already employed by the Ouachita Parish Public Library:

EDUCATION

Name of High School:

Highest Grade Completed: Graduated? Year?

Name of College:

Highest Grade Completed: Graduated? Year?

Additional Schools:

Highest Grade Completed: Graduated? Year?

List any equipment or machines you can operate:

List your computer experience or any computer courses you have completed.

PREVIOUS EMPLOYMENT

Begin with your present position and work back.

Company Name: Address:

City: State/Zip Phone:

Dates employed: Wage:

Duties:

Reason for leaving:

Company Name: Address:

City: State/Zip Phone:

Dates employed: Wage:

Duties:

Reason for leaving:

PREVIOUS EMPLOYMENT

Company Name: Address:

City: State/Zip Phone:

Dates employed: Wage:

Duties:

Reason for leaving:

Are you a Veteran? Yes No

Date Enlisted: Date Discharged:

PERSONAL AND BUSINESS REFERENCES

Two Required

Name of Reference: Title:

Company Name: Address:

City: State/Zip Phone:

Name of Reference: Title:

Company Name: Address:

City: State/Zip Phone:

Additional Information:

Special skills, as story telling, public speaking, media experience, art, awards, training, professional training courses:

Your signature to the following statement is necessary to secure consideration of your application.

"I hereby warrant that the information given by me on and with this form is true, correct, and complete, and I understand that if I am employed by the Ouachita Parish Public Library and it is found, at any time during my employment, that any of such information is false, I will be subject to dismissal. I furthermore agree, if employed to follow all rules and regulations of the library. I hereby authorize my former employers or references, whose names I will give, to furnish any information concerning my personal character, habits, ability, disposition, and other qualifications, and I release them from any and all liabilities or damages of whatsoever nature on account of furnishing such information."

"If offered employment at the Ouachita Parish Public Library, I agree to be tested and to successfully pass a drug screening in order to be added to the payroll. The screening will be done by an independent laboratory with the cost to be covered by the Ouachita Parish Public Library. I agree and give my permission for the Ouachita Parish Public Library to conduct a background check."

I agree to the above statement. Name:

Date:

A digital signature is recommended to fill this form out and submit it via email. Digital signatures can be acquired from sources on the web like Verisign, Formdocs, etc.

Digital Signature Field:

If you have a resume please email it separately to Carolyn Chatham, cchatham@oplib.org. Please mention in the email that your on line application has been filed.