

Date: _____

Position: _____

Date Applicant Available: _____

Application for Employment Lake Agassiz Regional Library

I. Personal Data

Applicant's Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Telephone Number: _____ Email Address: _____

Please list all other names under which you have been employed or under which your employment or educational records may be found. _____

Are you either a U.S. citizen or legally eligible to hold employment in the United States? Yes No

Are you over the age of 14 and legally able to work the hours required by the position work which you are applying?
 Yes No

Have you previously been employed by Lake Agassiz Regional Library? Yes No
If yes, where? _____ Dates of former employment: _____

Are you available to work: FT PT Sub Temp Days Evenings Weekends
*LARL requires weekend work for some positions but makes reasonable effort to accommodate religious needs and preferences.

Do you have any special needs that may necessitate accommodations in the application or interview process?
 Yes No If yes, please describe the type of accommodations requested: _____

Why are you interested in working for Lake Agassiz Regional Library? _____

II. Educational Background

Last Grade Completed (please check): 5 6 7 8 9 10 11 12 or GED
 Some College 2-yr Degree (Technical/Associate) 4-yr Degree (BA/BS) Graduate Degree

List all schools/institutions attended, most recent first. Do not list dates of attendance for high school:

Name of School: _____

Address of School: _____

Degree/Diploma Received: _____

Major/Minor: _____

Dates of Attendance: _____

Name of School: _____

Address of School: _____

Degree/Diploma Received: _____

Major/Minor: _____

Dates of Attendance: _____

Name of School: _____

Address of School: _____

Degree/Diploma Received: _____

Major/Minor: _____
 Dates of Attendance: _____
 Name of School: _____
 Address of School: _____
 Degree/Diploma Received: _____
 Major/Minor: _____
 Dates of Attendance: _____

List applicable professional or technical licenses or certifications relative to the position for which your are applying>

<i>License/No.</i>	<i>Issued By</i>	<i>Date</i>	<i>Expiration</i>

All applicable licenses or certifications must be received by the Business Office prior to employment commencing. Note: If hired, it is your responsibility to keep a current license on file at all times. Failure to do so may result in immediate discharge from employment.

Have you ever had any applicable license suspended, revoked or has any action been taken with respect to an applicable license, either in Minnesota or any other state? Yes No If yes, please explain the circumstances:

III. Employment History (List ALL work and relevant volunteer experience, most recent first.)

Employer Name: _____
 Address: _____
 Telephone Number: _____ Your Title: _____
 Primary Duties: _____
 Supervisor: _____ Title: _____
 Dates of employment (mm/yyyy): From _____ To _____
 Salary: Starting _____ Ending _____
 Reason for leaving: _____

Employer Name: _____
 Address: _____
 Telephone Number: _____ Your Title: _____
 Primary Duties: _____
 Supervisor: _____ Title: _____
 Dates of employment (mm/yyyy): From _____ To _____
 Salary: Starting _____ Ending _____
 Reason for leaving: _____

Employer Name: _____
 Address: _____
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Employer Name: _____
Address: _____
Telephone Number: _____ Your Title: _____
Primary Duties: _____
Supervisor: _____ Title: _____
Dates of employment (mm/yyyy): From _____ To _____
Salary: Starting _____ Ending _____
Reason for leaving: _____

What other skills or abilities do you possess which make you feel suited for this position? _____

Please list computer hardware/software and office machines which you have experience working with: _____

Do you have a valid driver's license? Yes No If yes, State ____ Class ____ # _____

If applying for a driver's position, list/describe any traffic violations or accidents in which you have been involved during the last five years on a separate sheet of paper.

Have you ever been discharged or forced to resign from prior employment as part of a settlement agreement with an employer other than one involving a human rights charge or claim in which you were the claimant/plaintiff? Yes No If yes, please identify the employer and describe the circumstances: _____

How many days were you inexcusably absent from work during the preceding three (3) years other than absences due to illness or injury to you or your immediate family? _____

IV. Criminal Background Information

LARL may conduct a criminal background check on individuals upon making a contingent job offer. Please refer to the job description for this position to determine if such a check will be conducted. If the job description states that a criminal check will be conducted, no offer of employment shall become final until receipt of the results of the criminal background check from the BCA, the content of which is acceptable to LARL, and formal approval by the appointing authority.

V. Veteran Status (complete only if you served in the U.S. armed forces)

Are you an honorably discharged veteran of the armed forces of the United States or are you otherwise eligible to claim Veteran's Preference Points? Yes No

Do you wish to claim Veteran's Preference Points? Yes No

If you are a disable veteran and wish to claim additional point, please check here:

Proof of applicable military status/eligibility, such as a DD214 form, will be required in order to claim credits. Please attach DD214 form or forward it within five (5) business days.

VI. Equal Employment Opportunity Statement

Lake Agassiz Regional Library is an equal opportunity employer and will not discriminate against any applicant or employee on any grounds protected under federal, state, or local law, including race, color, creed, religion, age, sex, national origin, ancestry, marital affectional preference, disability or status with regard to sources of income.

VII. Data Privacy Notice

The information requested on the application is intended to be used by LARL in determining suitability for employment for the position which you are currently seeking or may be seeking in the future. You are not legally required to provide any of the information on this form at this time. However, failure to provide complete, accurate information may result in LARL being unable or unwilling to offer employment .to you. With respect to any special accommodations necessary for completing your application or the interview process, LARL may be unable to provide the necessary accommodations if you do not provide the information in Section I. The information on this application, which is classified as private data under the Minnesota Government Data Practices Act, will not be released outside the Library without your consent except as necessary for tax purposes or as otherwise required by federal or state law.

VIII. Certification, Acknowledgement & Release

I certify that the answers I have given on this application are true and correct to the best of my knowledge. I understand that any false or misleading information provided, or any omission or concealment of facts, will disqualify me from consideration for employment, and constitutes grounds for my immediate dismissal should I be employed by LARL.

I understand, acknowledge, and agree that no job offer is final until formal approval by the Regional Library Director and that until such approval, LARL shall not be liable for any reliance on any oral or written offers of employment made to me.

I understand that some positions my require examination of my driving records.

In connection with this application, *I hereby authorize* any and all schools, current and former employers, organization where I have volunteered (“volunteer organizations”) and law enforcement authorities named in this application, or any agent of said schools, current and former employers, volunteer organizations and law enforcement authorities to release to LARL and its agents any and all information regarding my job performance and fitness/qualifications to perform the position I am presently seeking and any other employment or related information, both public and private, in their possession. I understand that LARL will use this information to determine my fitness/qualifications for the position I am seeking. This authorization expires one (1) year from the date of my signature below.

I hereby release LARL and all schools, former employers, volunteer organizations, and law enforcement authorities listed herein and any and all agents acting on behalf of LARL and said schools, former employers, volunteer organizations, and law enforcement authorities from all liability of whatever nature by reason of requesting or providing such information.

Name of Applicant (typed)

Date

If this application is submitted electronically, a physical signature will be required if/when an interview is granted.

Signature of Applicant (do not print)

Date