



# WINNEFOX LIBRARY SYSTEM

## APPLICATION FOR EMPLOYMENT

Position you are applying for \_\_\_\_\_

Your Name \_\_\_\_\_

Date Available \_\_\_\_\_

Full Time  Part Time

Application Date \_\_\_\_\_

### Read Carefully Before Filling Out This Application

1. 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 employment.
2. Answer all questions as completely as possible. Additional paper may be used if there is not sufficient space to answer questions in full.
3. You are not required to furnish any information prohibited by federal, state or local law.
4. Return this application to the Winefox Library System Administrative Office, 106 Washington Avenue, Oshkosh, WI 54901

Name \_\_\_\_\_  
LAST FIRST MIDDLE

Address \_\_\_\_\_  
NUMBER STREET CITY STATE ZIP CODE

Home Phone No. \_\_\_\_\_ Cell Phone No. \_\_\_\_\_

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

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 you are applying for and have a valid work permit, if necessary.

Are any of your relatives or members of your family presently employed by the Winefox Library System? \_\_\_\_\_

Name \_\_\_\_\_ Relation \_\_\_\_\_ Department \_\_\_\_\_

Have you ever been employed by the Library System? \_\_\_\_\_ Any other Wisconsin school district, city, county or State of WI position? \_\_\_\_\_

If so, in what capacity and during what period? \_\_\_\_\_

Reasons for leaving \_\_\_\_\_

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

Driver's license number: \_\_\_\_\_

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. _____	_____	_____

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					
College, university or technical school					
Other					

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:
Hours each week:	Address:	Reason for leaving or considering change:	
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:
Hours each week:	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:
Hours each week:	Address:	Reason for leaving:	
Primary Duties:			

May we refer to your present and previous employers?  Yes  No Why? \_\_\_\_\_

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