

# WAUKESHA PUBLIC LIBRARY EMPLOYMENT APPLICATION

**INSTRUCTIONS** Please print or type all information and return to:  
**Waukesha Public Library, 321 Wisconsin Avenue, Waukesha, WI 53186**

1. Complete the three page application.
2. Should more space be needed, use the space provided or attach additional paper.
3. It is important that you PRINT clearly; incomplete or illegible applications will not be processed.
4. While you may attach a resume, you are required to complete this application in order to be considered an applicant for employment.
5. A separate Affirmative Action Questionnaire is also included. The information in the Affirmative Action Questionnaire portion is being compiled to comply with Section 5.03 of the Rehabilitation Act, 1973. The information requested is voluntary and will be kept strictly confidential. No applicant will be subject to any adverse treatment for not completing these questions.

This application is intended for use in evaluating your qualifications for employment. This is not an employment contract. Please answer all questions completely and accurately. False or misleading statements during the interview or on this form are grounds for terminating the applicant process or, if discovered after employment, termination of employment. **All qualified applicants will receive consideration regardless of race, color, creed, religion, sex, sexual preference, national origin, marital status, age or the presence of disabilities.** A felony conviction will not automatically bar an applicant from certain City employment. Additional testing of job-related skills and for the presence of drugs in your body may be required prior to employment. After an offer of employment and prior to reporting for work, you may be required to submit to a medical review. Depending on City policy and the essential needs of the job, you will be required to complete a medical history form and may be required to be examined by a medical professional designated by the City. After an offer of employment, you will also need to complete the Release Authorization information on the Affirmative Action page.

<b>Applicant Information</b>			
Name:	Last	First	MI
Address:	Street	City	State Zip
Home Phone:	Work Phone:	E-mail:	

<b>Availability</b>	Title of position you are applying for: _____
	What is your earliest start date? _____
What employment category do you seek?	_____ Full time _____ Part time _____ Temporary

<b>Education</b>	Please circle highest grade completed 7 8 9 10 11 12 13 14 15 16 16+			
	If your high school records are under a name different than above, please indicate here. _____			
	<table style="width: 100%; border: none;"> <tr> <td style="width: 33%;"><b>Name</b></td> <td style="width: 33%;"><b>City/State</b></td> <td style="width: 33%;"><b>Graduate/Degree?</b></td> </tr> </table>	<b>Name</b>	<b>City/State</b>	<b>Graduate/Degree?</b>
<b>Name</b>	<b>City/State</b>	<b>Graduate/Degree?</b>		
<b>High School</b>				
<b>College or University</b>				
<b>Other</b>	List any other skills, licenses, or certificates that may be related to the position for which you are applying.			

**Previous Employment**

(List most recent first)

Name of Employer: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Position Title: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Full time \_\_\_\_\_ Part time \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Salary: \_\_\_\_\_ per: \_\_\_\_\_

Duties and responsibilities: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Name of Employer: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Position Title: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Full time \_\_\_\_\_ Part time \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Salary: \_\_\_\_\_ per: \_\_\_\_\_

Duties and responsibilities: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Name of Employer: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Position Title: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Full time \_\_\_\_\_ Part time \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Salary: \_\_\_\_\_ per: \_\_\_\_\_

Duties and responsibilities: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

**Drivers License**

Should the job require, do you have the appropriate valid drivers license? \_\_\_\_\_ Yes \_\_\_\_\_ No

License #: \_\_\_\_\_ Type: \_\_\_\_\_ State of Issue: \_\_\_\_\_

List any moving violations for the previous five (5) years: \_\_\_\_\_

Can you perform the requirements of this position with or without reasonable accommodation?

\_\_\_\_\_ Yes \_\_\_\_\_ No

**References**

List only those familiar with your work ability. Do not list relatives.

**Name****Address/Telephone Number****Years Known/Relationship**

1

2

3

## Skills Checklist

What is your typing speed? \_\_\_\_\_

Do you have other computer skills? \_\_\_\_\_

Are you familiar with the internet? \_\_\_\_\_

Can you operate a FAX? \_\_\_\_\_

List the software programs with which you are familiar: \_\_\_\_\_

## Certification and Release

I certify that I have read and understand the applicant note on this form, and that all the answers given by me to the questions and the statements made are complete and true to the best of my knowledge and belief. I understand that any false information, omissions, or misrepresentations of facts called for in this application may result in rejection of my application or termination at any time during my employment. I authorize the Waukesha Public Library and/or its agents including consumer reporting bureaus, to verify any of this information. I authorize all former employers, persons, schools, companies and law enforcement authorities to release any information concerning my background and hereby release said persons, schools, companies and law enforcement authorities from any liability for any damage whatsoever for issuing this information. I also understand that the use of illegal drugs prior to and during my employment is prohibited. If City policy requires, I am willing to submit to drug testing to detect the use or abuse of drugs during my employment.

I understand that application forms must be received no later than the time on the designated closing date, and that the Library is not responsible for errors made by the postal system, or for mechanical failure of a FAX machine. I will have the original document to the Library within three (3) days after receipt of the fax.

I further understand and agree that this application is not a contract for employment, and that any individual hired by the Waukesha Public Library may leave their employment or may be terminated by the Waukesha Public Library at any time for any reason. I understand that, other than a written statement signed by the City of Waukesha Human Resources Manager, any oral or written statements to the contrary are not valid, are expressly disavowed and should not be relied upon by any prospective or existing employee.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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This application may be mailed to: Waukesha Public Library, 321 Wisconsin Avenue, Waukesha, WI 53186.

The postmark on the envelope must be dated no later than the designated closing date in order to be accepted.

Applications and/or resumes may also be faxed to: (262) 524-3677.

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**You may use this space to provide additional information.**