



MOUNT HOREB PUBLIC LIBRARY

(608) 437-5021
mhpl@mounthorebwi.info
www.mhpl.org

Employment Application

We are an equal opportunity employer.

Position Applied For _____

Date of Application _____

Last Name _____ First Name _____ Middle _____

Street Address _____ City _____ State _____ Zip _____

Phone _____ Email _____

Are you at least 16 years of age? Yes No

If not, your employment will be subject to verification that you meet state/federal minimum age requirements for the type of work you are applying for.

Have you been employed with us in the past? Yes No If yes, list dates. _____

Are you legally authorized to work in the U.S.? Yes No

You will be required to provide proof of work authorization if hired.

Do you have dependable means of transportation to and from work? Yes No

If hired, when could you start? _____

Education

	Name and Location	# Years	Course of Study	Diploma/Degree Rec'd
High School				
College/ Technical School				
Graduate/ Professional				
Other				

Please list any special job-related skills and qualifications. _____

Employment Experience

Start with the most recent. You may attach a separate sheet if necessary.

Employer _____	Dates Employed: From _____ To _____
Address _____	State _____ Zip _____
Phone _____	Starting Salary/Wage _____ Ending Salary/Wage _____
Position(s) Held _____	
Job Duties _____	
Name & Title of Supervisor _____	
Reason for Leaving _____	
If currently employed here, may we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>	

Employer _____	Dates Employed: From _____ To _____
Address _____	State _____ Zip _____
Phone _____	Starting Salary/Wage _____ Ending Salary/Wage _____
Position(s) Held _____	
Job Duties _____	
Name & Title of Supervisor _____	
Reason for Leaving _____	
If currently employed here, may we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>	

Employer _____	Dates Employed: From _____ To _____
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Job Duties _____	
Name & Title of Supervisor _____	
Reason for Leaving _____	
If currently employed here, may we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>	

Employment References

List individuals familiar with your job qualifications. (No relatives or personal friends.)

Name _____ Relationship _____

Phone _____ Email _____

Address _____ State _____ Zip _____

How long known? _____

Name _____ Relationship _____

Phone _____ Email _____

Address _____ State _____ Zip _____

How long known? _____

Name _____ Relationship _____

Phone _____ Email _____

Address _____ State _____ Zip _____

How long known? _____

Please read the following carefully before signing this form.

1. All information contained in this application is true and correct to the best of my knowledge and belief. I understand that misrepresentations or omissions of any kind may result in denial of employment or be cause for subsequent dismissal if I am hired.
2. I authorize the Mount Horeb Public Library to investigate my responses on this application and contact any or all of my former employers or individuals familiar with me or my employment background for the purpose of verifying any information I have provided and/or for the purpose of obtaining any information, whether favorable or unfavorable, about me or my employment. I voluntarily and knowingly release and hold harmless any person or organization that provides information pertaining to me or my employment.
3. Regardless of whether or not I become employed by the Mount Horeb Public Library, I recognize that this application is not and should not be considered a contract of employment. I understand that employment with the Mount Horeb Public Library is on an at-will basis, and that my employment may be terminated with or without cause, and without notice, at any time, at my option or the Mount Horeb Public Library's, unless specifically provided otherwise in a written employment contract.

Applicant Signature _____ Date _____