

# Washington Parish Library

825 Free Street  
Franklinton, La 70438

Phone 985-839-7805  
Fax 985-839-7808

## Job Application



### Personal Information

Last	First	MI	Email		
Street Address		City	ST	Zip	Phone
Are you entitled to work in the United States?			Have you been convicted of a felony or been incarcerated in connection with a felony in the past seven years? If yes, please explain:		
Have you worked for us before? If so, list dates.			Military Service?	Branch and dates	
Availability					
Mondays _____		Wednesdays _____		Fridays _____	
Tuesdays _____		Thursdays _____		Saturdays _____ No Preference _____	
Employment Desired					
Full Time (40 hours/week)		Part Time (27 hours/week)		Substitute (as needed)	
Are you related to anyone on the Library Board?	Are you related to anyone who currently works for the Library?	What position are you applying for?		How did you hear about this position? (Employee referral?)	
Expected Hourly Rate	Preferred Branch	Date Available to Start			

### Education

Name/Location	Last Year Complete				Degree	Major
	9	10	11	12		
High School						
College/University						
Trade School						
Other						
List any applicable special skills, training or proficiencies.						

Please initial below.

I understand that any offer of a position with the Washington Parish Library System requires that:

- \_\_\_\_\_ I pass a drug test.
- \_\_\_\_\_ I pass a background test.
- \_\_\_\_\_ I pass a physical.

## Prior Work Experience

Employer	City, State, ZIP	Name of Immediate Supervisor
From                      To	Job Title	Telephone
Reason for Leaving		May We Contact?
Employer	City, State, ZIP	Name of Immediate Supervisor
From                      To	Job Title	Telephone
Reason for Leaving		May We Contact?
Employer	City, State, ZIP	Name of Immediate Supervisor
From                      To	Job Title	Telephone
Reason for Leaving		May We Contact?
Employer	City, State, ZIP	Name of Immediate Supervisor
From                      To	Job Title	Telephone
Reason for Leaving		May We Contact?
Employer	City, State, ZIP	Name of Immediate Supervisor
From                      To	Job Title	Telephone
Reason for Leaving		May We Contact?

### Disclaimer: PLEASE READ CAREFULLY

I hereby authorize the potential employer to contact, obtain, and verify the accuracy of information contained in this application from all previous employers, educational institutions, and references. I also hereby release from liability the potential employer and its representatives for seeking, gathering, and using such information to make employment decisions and all other persons or organizations for providing such information. I understand that any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate termination of employment if I am employed, whenever it may be discovered. If I am employed, I acknowledge that there is no specified length of employment and that this application does not constitute an agreement or contract for employment. Accordingly, either I or the employer can terminate the relationship at will, with or without cause, at any time, so long as there is no violation of applicable federal or state law. We are an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, gender, sexual orientation, national origin, citizenship, age, body type, or disability. We assure you that your opportunity for employment with us depends solely on your qualifications.

Signature

Printed Name

Date