

Washington Parish Library

825 Free Street
Franklinton, La 70438

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

Job Application



Personal Information

Last _____ First _____ MI _____

Street Address _____ City _____ State _____ Zip _____

Email Address _____ Telephone _____

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 entitled to work in the United States? Military Service? Branch and dates
 Yes No Yes No

Have you worked for us before? If so, list dates. Are you related to anyone working at the Library or on the Library Board?
 Yes No Yes No

Are you applying for a specific position? If so, which one? How did you hear about this position?
 Yes No

Education

Do you have a high school diploma or equivalent (GED)? Yes No

Further Education

College/University	City, State	Degree, Diploma, or Certificate Obtained

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.

Please note that all communication will be conducted exclusively through email. Please ensure to check your email regularly for important information. Only complete applications will be considered.

Prior Work Experience

Employer	City, State, ZIP	Name of Immediate Supervisor
Job Title	From To	Telephone
Reason for Leaving		May We Contact? <input type="radio"/> Yes <input type="radio"/> No
Employer	City, State, ZIP	Name of Immediate Supervisor
Job Title	From To	Telephone
Reason for Leaving		May We Contact? <input type="radio"/> Yes <input type="radio"/> No
Employer	City, State, ZIP	Name of Immediate Supervisor
Job Title	From To	Telephone
Reason for Leaving		May We Contact? <input type="radio"/> Yes <input type="radio"/> No

Professional References

Name	Email Address	Telephone
Relationship		
Name	Email Address	Telephone
Relationship		

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

STAFF USE ONLY

Application reviewed by Admin:

Schedule an interview Yes No

Interview Completed:

Approve for hiring Yes No

Background Check Completed Yes No

Drug Test Completed Yes No

(Append interview notes to the application.)