

Northern Waters Library Service
APPLICATION FOR EMPLOYMENT

AN EQUAL OPPORTUNITY EMPLOYER

ATTENTION:

MAIL APPLICATIONS TO:
Northern Waters Library Service
Attn: Human Resources Division
3200 Lakeshore Dr E
Ashland, WI 54806

(715) 682-2365 - PHONE
hr@northernwaters.org - E-Mail

To be filled out by the applicant only. If you are physically unable to fill out this application, you may request reasonable accommodations in completing the form. Answer all questions. Print neatly and accurately. Attach supplements if necessary. Exclude any reference that may reveal or tend to reveal your race, color, religion, national origin, creed, age, marital status, sex, sexual orientation or disability.

- ❖ Incomplete applications **MAY NOT BE CONSIDERED**.
- ❖ If resume is submitted, **DO NOT write "see resume"**.
- ❖ DATE and SIGN this application.
- ❖ Please list a minimum of ten years' prior experience and education.
- ❖ Please complete application in blue or black ink. Do not type application.
- ❖ You are not required to furnish any information, which is prohibited by federal, state or local law.

TITLE OF POSITION YOU ARE APPLYING FOR: _____			
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time		TODAY'S DATE: _____	
NAME: (Last)		(First)	(M.I.)
		Home Phone: () ____ - ____	
Mailing Address:		Business Phone: () ____ - ____	
(Street)		(Apt. #)	
		May we contact you at this number? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list hours _____	
(City)		(State)	(Zip Code)
		When will you be available for Employment?	
Are you legally eligible for employment in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No		E-Mail Address:	
Are you at least 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>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.</i>		May we contact you here? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever been employed by Wisconsin Valley Library Service? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: when and in what position? _____ <i>NWLS may prohibit employment of an individual if he/she would be directly supervising or receiving direct supervision from a family member.</i> List any relatives employed by Wisconsin Valley Library Service: _____			
Do you possess a valid Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you possess any other license? <input type="checkbox"/> Yes <input type="checkbox"/> No Type: _____	
If you are applying for a job where you need to drive your car while on NWLS business, can you make arrangements to meet NWLS' minimum liability insurance requirements on your vehicle (\$100,000 combined single limits of bodily injury and property damage)? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Are you a U.S. Citizen? Yes No

List any memberships in professional or technical Associations:

List any current license or registration as a member of a trade or profession:

Please list ALL instances in which you were convicted as an ADULT for crimes (misdemeanors or felonies), ordinance violations, traffic violations and the like. Also, please list all criminal charges (misdemeanors or felonies) currently pending against you. Failure to include all information requested under this section may result in denial of employment.

CHECK HERE IF NONE ←

THIS BOX MUST BE CHECKED OR SECTION BELOW MUST BE COMPLETED!

Approximate dates may be listed:

Date	Location	Charge	Court	Disposition of case

NOTE: A conviction record or pending arrest record does not constitute an automatic bar to employment and will be considered only if there is a substantial relationship to the circumstances of the particular position or if the employer deems there is a bona fide occupational qualification inherent in the position which requires this information prior to hiring.

Did you graduate from high school? Yes No
 Name of school: _____
 Address of school: _____
 If no, have you passed a high school equivalency or GED test: Yes No

Special skills & qualifications – *this information must be provided if you are applying for a position requiring these skills:*
 Experience Transcribing mechanically-recorded material? Yes No Typing speed (if known): _____ WPM
 Experience using a 10-key adding machine? Yes No _____ KPM
 List any additional office equipment which you can operate skillfully: _____

 List any computer software which you can operate skillfully: _____

Training beyond high school:

College or university, technical, business college or other schools you have attended.

College, university or school – name, location and phone number	Presently attending	Major field	Type of degree received	Credits earned	GPA

Describe any education or training you have had which is not covered above, such as vocational school, correspondence courses, service schools, or in-service training. Please provide dates.

Are you currently unemployed? No Yes, since _____
 List any time periods of past unemployed status: _____
 Were you eligible for Unemployment Compensation? No Yes, please list dates _____

IMPORTANT: You must complete the employment sections of this application. Use additional sheets if necessary. You may attach a resume to further explain your qualifications. Please list a minimum of prior ten years' experience and education.
DO NOT WRITE "SEE RESUME".

EMPLOYMENT SECTION: (Please start with your most recent position – include military service)

From (month & year)	Title of your PRESENT/MOST RECENT position:		PRIMARY DUTIES: _____ _____ _____ _____ _____ _____ _____
To (month & year)	Employer's Name (Company Name)	Phone Number	
Hours each week	Address:		
Full time <input type="checkbox"/> Part time <input type="checkbox"/> Temporary <input type="checkbox"/>	Name and title of supervisor:		
Starting Salary (indicate yearly, monthly or hourly):	If currently employed, may we contact that employer? <input type="checkbox"/> Yes <input type="checkbox"/> No, not at this time	Reason for leaving or considering change:	
Present salary (indicate yearly, monthly or hourly):	Number of employees you supervise:	Were you involuntarily discharged? <input type="checkbox"/> Yes <input type="checkbox"/> No	

From (month & year)	Title of position held:		PRIMARY DUTIES: _____ _____ _____ _____ _____ _____ _____
To (month & year)	Employer's Name (Company Name)	Phone Number	
Hours each week	Address:		
Full time <input type="checkbox"/> Part time <input type="checkbox"/> Temporary <input type="checkbox"/>	Name and title of supervisor:		
Starting Salary (indicate yearly, monthly or hourly):	Number of employees you supervised:	Were you involuntarily discharged? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Last salary (indicate yearly, monthly or hourly):	Reason for leaving:		

From (month & year)	Title of position held:		PRIMARY DUTIES: _____ _____ _____ _____ _____ _____ _____
To (month & year)	Employer's Name (Company Name)	Phone Number	
Hours each week:	Address:		
Full time <input type="checkbox"/> Part time <input type="checkbox"/> Temporary <input type="checkbox"/>	Name and title of supervisor:		
Starting salary (indicate yearly, monthly or hourly):	Number of employees you supervised:	Were you involuntarily discharged? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Last salary (indicate yearly, monthly or hourly):	Reason for leaving:		

OTHER EXPERIENCE (include volunteer experience, internships, and/or jobs, not included in the employment section)					
Company Name/Location	Job Title	Dates Employed (month/year)		Annual salary	Full or part-time
		From:	To:		
		From:	To:		

Have you ever been warned/disciplined for any of the following occurrences in your previous or current employment?

- Attendance Yes No If yes, please explain: _____
- Performance problems Yes No If yes, please explain: _____
- Inability to get along with others Yes No If yes, please explain: _____
- Safety violations Yes No If yes, please explain: _____
- Harassment Yes No If yes, please explain: _____
- Violent behavior Yes No If yes, please explain: _____
- Inappropriate use or possession of alcohol Yes No If yes, please explain: _____
- Inappropriate use or possession of a drug Yes No If yes, please explain: _____
- Have you ever been suspended from any position? Yes No If yes, please explain (including date, location, employer and situation): _____

Please explain any gaps in employment: _____

REFERENCES – THIS SECTION MUST BE COMPLETE Work or education related (e.g. former employers, supervisors, co-workers, school faculty). No relatives/significant others.		
NAME/TELEPHONE/ADDRESS	OCCUPATION	NATURE OF RELATIONSHIP
1.		
2.		
3.		
4.		
5.		

By my signature, I testify that all information I have supplied is true and correct.

Applicant signature **Date**