

Library _____

PIONEERLAND LIBRARY SYSTEM

**P.O. Box 327, 410 SW 5th St
 Willmar, Minnesota 56201
 Phone: 320-235-3162 Fax: 320-235-3169**

EMPLOYMENT APPLICATION

Position Applied For:

Date:

The Pioneerland Library System appreciates your interests in our libraries. Your application will be considered with all others in competition for the position in which you are interested. It is our policy to provide equal employment opportunities to all. Please furnish complete and accurate information so your application can be properly evaluated. False or misleading information or the omission of important facts may be grounds for immediate dismissal. Also note that information you provide herein may be subject to later verification and/or testing. You may attach to this application any additional information that helps explain your qualifications. Please print clearly or type. Should you require any physical or other assistance in completing this application, reasonable accommodation will be made available upon request. Please see the last page for important information regarding your application and data supplied.

Personal:

Name: Last:		First:	Middle:
Address:			
City:		State:	Zip:
E-mail: _____			
Telephone No.: _____		Alternate Telephone No.:	
Are you at least 16 years old? Yes <input type="checkbox"/> No <input type="checkbox"/>		Date you are available to start work:	
If you are not a citizen of the United States, do you have a valid work permit? Yes <input type="checkbox"/> No <input type="checkbox"/>		Do you have a valid driver's license? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Number:		State:	Class:
Have you previously been employed by the Pioneerland Library System? Yes <input type="checkbox"/> No <input type="checkbox"/>			
How did you hear about the opening?			

<i>For Office Use Only</i>	
Date Application was Received:	Comments:

Are you a veteran? Yes No

If yes, do you wish to claim a veteran's preference? Yes No

(If yes choice one of the following)

- Veteran (defined as person separated under honorable conditions who has served on active duty for at least 181 days, or honorably discharged by reason of disability incurred while on active duty).
- Disabled Veteran (a veteran having a compensable service connected disability as adjudicated by the U.S. Veteran's Administration or the retirement board of one of the branches of the Armed Forces, which disability is currently existing).
- Spouse of deceased veteran.
- Spouse of disabled veteran who is unable to use preference due to disability.

Note: If you elect to use veteran's preference, please attach proper documentation establishing your right to claim the preference.

Work/Volunteer Experience: (Please give an accurate and complete employment record. Start with present or most recent employer).

Dates Employed:	Firm or Organization:	Address:	Phone:
Position:	Supervisor:	Reason for Leaving:	
Describe your duties:			

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Position:	Supervisor:	Reason for Leaving:	
Describe your duties:			

Professional References: (Please give the names of persons, other than relatives or personal friends, who have knowledge of your professional ability).

Name and Position Title:	Firm or Organization:	Address:	Phone:	Email:

Education:

School:	Address:	Diploma or Degree Earned:

List any licenses, certifications, training or experience you may have that are especially suited for the position for which you are applying:

Important facts concerning information on your application

MINNESOTA LAW AFFECTS YOU AS AN APPLICANT with Pioneerland Library System. The following data is public information and is accessible to anyone; veteran's status, relevant test scores, rank on eligibility list, job history, education and training, and work availability. All other personally identifiable information is considered private, including, but not limited to, your name, home address and phone number. If you are selected for employment, the following additional information about you will be public: your name; actual gross salary and salary range; actual gross pension; the value and nature of your fringe benefits; the basis for and the amount of any added remuneration, such as expenses or mileage reimbursement, in addition to your salary; your job title; job description; training background; previous work experience; the dates of your first and last employment with the Pioneerland Library System; the status of any complaints or charges against you while at work; the final outcome of any disciplinary action taken against you, and all supporting documentation about your case; your city and county of residence; your work location and work telephone number; honors and awards; payroll timesheets and comparable data. Anything not listed above which is placed in your application folder or your personnel file (such as medical information, letters of recommendation, resumes, etc.) is made private information by law. For further information, refer to Minnesota Statutes, Chapter 13.

CRIMINAL BACKGROUND INFORMATION:

The Library will request information regarding criminal history in the event that you become a finalist for the position for which you are applying. Further, the Library may conduct a criminal background check on individuals upon making a contingent job offer. No offer of employment shall become final until receipt of the results of the criminal background check, and formal approval by the Pioneerland Library System Board.

I CERTIFY THAT THE ANSWERS I HAVE GIVEN ON THIS APPLICATION ARE TRUE TO THE BEST OF MY KNOWLEDGE. In connection with this application I hereby authorize any and all current/former employers, organizations where I have volunteered, and references named in this application to release to the Library and its agents any and all information regarding my job performance and fitness/qualifications to perform the position I am presently seeking and any other employment or related information, both public and private, in their possession. I understand that the Library will use this information to determine my fitness/qualifications for the position I am seeking.

Date: _____

Signature of Applicant: _____

Print Name of Applicant: _____