



# FORT SMITH PUBLIC LIBRARY

3201 Rogers Avenue  
Fort Smith, AR 72903  
479-783-0229

## Application for Employment

Please type or print legibly

Completion of an application does not imply you will be interviewed or hired, only that you will be given full consideration in competition with other applicants for an opening. Please answer all questions completely, and attach a resume and/or cover letter if available. This application must be signed and dated by the applicant on page four to be considered.

Today's Date \_\_\_\_\_

Position you are applying for \_\_\_\_\_

Why do you want to work for the Fort Smith Public Library? \_\_\_\_\_

\_\_\_\_\_

### Personal Information

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Employment Interests:  Full Time  Part Time Will you work evenings and weekends if necessary?  Yes  No

List any days (and times) that you cannot work \_\_\_\_\_

Have you previously applied for a job with the library?  Yes  No When \_\_\_\_\_

Have you previously been employed by the library?  Yes  No When \_\_\_\_\_

If you are under 16 years of age, do you have a work permit?  Yes  No  I am 16 or older

Are you a U.S. citizen?  Yes  No

If you are not a U.S. citizen, does your immigration status permit you to become lawfully employed?  Yes  No

If you are selected for a job with the library, will you consent to a background check?  Yes  No

Have you been convicted under any criminal law as an adult?  Yes  No

*Note: a criminal conviction does not automatically disqualify you.*

If yes, explain: \_\_\_\_\_

Have you been convicted under any misdemeanor law as an adult?  Yes  No

*Note: a misdemeanor conviction does not automatically disqualify you.*

If yes, explain: \_\_\_\_\_

**Education**

Highest elementary or high school grade completed (circle) 1 2 3 4 5 6 7 8 9 10 11 12

Did you graduate from high school or receive a GED?  Yes  No

	School Name	Dates Attended		Major	Graduated (yes or no)
		From	To		
Vocational/ Technical School					
College					
Graduate School					

Are you attending school now?  Yes  No If yes, where \_\_\_\_\_

If attending school now, what is your expected date of graduation? \_\_\_\_\_

**Skills**

Technology Skills (Check skills at which you are proficient)			
<input type="checkbox"/> Personal Computer	<input type="checkbox"/> Microsoft Word	<input type="checkbox"/> Tablets	<input type="checkbox"/> Social Media
<input type="checkbox"/> Internet	<input type="checkbox"/> Microsoft Excel	<input type="checkbox"/> Smartphones	<input type="checkbox"/> Other (please explain below)
<input type="checkbox"/> Email	<input type="checkbox"/> Microsoft PowerPoint	<input type="checkbox"/> E-Readers	

Other Technology Skills \_\_\_\_\_

**Languages**

List any foreign language (other than English) you can speak, read, and/or write:

Language \_\_\_\_\_  speak  read  write      Proficiency  fluent  good  fair

Language \_\_\_\_\_  speak  read  write      Proficiency  fluent  good  fair

**Library Skills**

Please list here any additional skills or experience you have that you believe might make you a good candidate for a job with the library. Include customer service experience, literary knowledge, experience with children, teens, seniors, café experience, etc.

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**Employment History**

Start with your current or most recent job. Include full-time, part-time, summer, and temporary employment.

Employer Name \_\_\_\_\_ Start Date \_\_\_\_\_ End Date \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Position Title \_\_\_\_\_

Reason for leaving \_\_\_\_\_ Final rate of pay \_\_\_\_\_

Description of duties, responsibilities, and relevant job skills \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of Supervisor \_\_\_\_\_ May we contact this employer?  Yes  No

Employer Name \_\_\_\_\_ Start Date \_\_\_\_\_ End Date \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Position Title \_\_\_\_\_

Reason for leaving \_\_\_\_\_ Final rate of pay \_\_\_\_\_

Description of duties, responsibilities, and relevant job skills \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of Supervisor \_\_\_\_\_ May we contact this employer?  Yes  No

Employer Name \_\_\_\_\_ Start Date \_\_\_\_\_ End Date \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Position Title \_\_\_\_\_

Reason for leaving \_\_\_\_\_ Final rate of pay \_\_\_\_\_

Description of duties, responsibilities, and relevant job skills \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of Supervisor \_\_\_\_\_ May we contact this employer?  Yes  No

***Please attach a resume and/or cover letter if you have additional employment history or other pertinent information.***

**References (not relatives)** Work, volunteer, or school-related references are preferred.

Name \_\_\_\_\_ Email \_\_\_\_\_ Phone \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Relationship \_\_\_\_\_ Years Acquainted \_\_\_\_\_

Name \_\_\_\_\_ Email \_\_\_\_\_ Phone \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Relationship \_\_\_\_\_ Years Acquainted \_\_\_\_\_

Name \_\_\_\_\_ Email \_\_\_\_\_ Phone \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Relationship \_\_\_\_\_ Years Acquainted \_\_\_\_\_

**Authorization**

“I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be ground for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representation of the company has any authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws.”

Signature \_\_\_\_\_ Date \_\_\_\_\_