

Fort Smith Public Library
Part-time Position Application Cover Sheet

Name: _____

I am interested in applying for the following position(s):

- Dallas Branch Library Assistant

- Main Library Circulation Assistant
- Main Library Dewey's Café Barista
- Main Library Genealogy Assistant
- Main Library Reference Assistant
- Main Library Youth Services Assistant

- Miller Branch Custodian
- Miller Branch Library Assistant

- Windsor Branch Library Assistant

I am available to work (please check all that apply):

- Monday: 9-1
- Monday: 1-5
- Monday: 5-8

- Tuesday: 9-1
- Tuesday: 1-5
- Tuesday: 5-8

- Wednesday: 9-1
- Wednesday: 1-5
- Wednesday: 5-8

- Thursday: 9-1
- Thursday: 1-5
- Thursday: 5-8

- Friday: 9-1
- Friday: 1-5

- Saturday: 10-1
- Saturday: 1-5

- Sunday: 1-5

Notes about availability (optional):



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 (<i>please explain below</i>)
<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.

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 _____