

**Rosemary Garfoot Public Library - Village of Cross Plains**  
**APPLICATION FOR EMPLOYMENT**

AN EQUAL OPPORTUNITY EMPLOYER

MAIL APPLICATION TO:

Rosemary Garfoot Public Library  
2107 Julius Street  
Cross Plains, WI 53528

IN PERSON APPLICATION DROP OFF:

Rosemary Garfoot Public Library  
2107 Julius Street  
Cross Plains, WI 53528

(608) 798-3881 – PHONE  
(608) 798-0196 – FAX

**INSTRUCTIONS:**

To be filled out by the applicant only. If you are unable to fill out this application due to a physical or mental disability, you may request reasonable accommodation(s) to complete this form by contacting the Library at 608-798-3881. 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.
- You may submit a resume in addition to this application for employment. However, doing so does not supersede the obligation to complete the application for employment and it is not acceptable to simply write on the application for employment "see resume."
- DATE and SIGN this application.
- Include a minimum of five years' experience and education.
- Complete this application in blue or black ink. Do not type.
- You are not required to furnish any information which is prohibited by federal, state or local law.

<b>TITLE OF POSITION YOU ARE APPLYING FOR:</b> _____					
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Student Intern <input type="checkbox"/> Grant Funded <input type="checkbox"/> Temporary/Limited Term Employment			<b>TODAY'S DATE:</b> _____		
<b>Name:</b> (Last) _____ (First) _____ (M.I.) _____			<b>Home Phone:</b> ( ) _____ - _____		
<b>Current Address:</b> (Street) _____ (Apt. #) _____ (City) _____ (State) _____ (Zip Code) _____			<b>Business Phone:</b> ( ) _____ - _____ Can we contact you at this number? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list hours _____		
<b>Permanent Address:</b> (Street) _____ (Apt. #) _____ <i>(If different than current address)</i> (City) _____ (State) _____ (Zip Code) _____					
List any other names you have used including nicknames: _____			When will you be available for employment? _____		
<b>Are you legally eligible for employment in the United States?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No					
<b>Are you at least 18 years of age?</b> <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>			Email Address: _____		
<b>Can we contact you here?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No					
<b>Have you ever been employed by the Village of Cross Plains?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes: when, in what position, and in what department? _____					
Do you possess a valid Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No					
List any memberships in professional or technical associations. _____			List any current licenses, certifications and/or registration as a member of a trade or profession: _____		
<b>Did you graduate from high school?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No Name of school: _____ Location of school: _____ If no, have you passed a high school equivalency or GED test: <input type="checkbox"/> Yes <input type="checkbox"/> No Location: _____					
<b>Training beyond high school:</b>					
College or university, technical, nursing, business college or other schools you have attended.					
College, university or school – name, location and phone number	Dates Attended	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, in-service training. Please provide dates.

**IMPORTANT:** Use additional sheets if necessary. You may attach a resume to further explain your qualifications. Please list a minimum of prior ten year's experience and education.

Are you currently **unemployed**?  No  Yes, since \_\_\_\_\_

List any time periods of past **unemployed** status: \_\_\_\_\_

**EMPLOYMENT SECTION: (Please start with your most recent position and include ALL positions of employment held including military service and self-employment during the last ten years.)**

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	Number of Employees you supervise: _____
Present salary (indicate yearly, monthly or hourly):	Identify whether you continue to hold the employment position and if not, which of the following best describes the manner in which your employment separated: <input type="checkbox"/> Voluntarily Resigned <input type="checkbox"/> Non-Renewed <input type="checkbox"/> End of Contract Term. <input type="checkbox"/> Terminated <input type="checkbox"/> Resigned in lieu of termination or non-renewal.	_____

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	Number of Employees you supervise: _____
Present salary (indicate yearly, monthly or hourly):	Identify whether you continue to hold the employment position and if not, which of the following best describes the manner in which your employment separated: <input type="checkbox"/> Voluntarily Resigned <input type="checkbox"/> Non-Renewed <input type="checkbox"/> End of Contract Term. <input type="checkbox"/> Terminated <input type="checkbox"/> Resigned in lieu of termination or non-renewal.	_____

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	Number of Employees you supervise: _____
Present salary (indicate yearly, monthly or hourly):	Identify whether you continue to hold the employment position and if not, which of the following best describes the manner in which your employment separated:	_____

	<input type="checkbox"/> Voluntarily Resigned <input type="checkbox"/> Non-Renewed <input type="checkbox"/> End of Contract Term. <input type="checkbox"/> Terminated <input type="checkbox"/> Resigned in lieu of termination or non-renewal.	
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**Please use a separate sheet of paper for additional employers**

**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:		

Please explain any gaps in employment: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**REFERENCES**

Work or education related only (e.g., former employers, supervisors, co-workers, school faculty). No relatives/significant others.

NAME/TELEPHONE/ADDRESS	OCCUPATION	NATURE OF RELATIONSHIP
1.		
2.		
3.		

**AUTHORIZATION AND CERTIFICATION**

Please read and initial each of the following statements. If you have a question regarding any of these statements, ask a Village Hall representative prior to initialing and signing the application. Your initials and signature verify that you have read, understand and agree to abide by these statements.

Initial: \_\_\_\_\_ I authorize any person contacted to provide the Rosemary Garfoot Public Library any and all information regarding my employment, education and other information concerning any of the subjects covered by the application which may include, but not be limited to, application of employment, performance evaluations, work records, excluding workers compensation if any, wage rates, supervisors' comments, results of any and all non-medical tests, disciplinary reports or letters, and complaints or allegations regarding any misconduct. I agree to execute release authorization forms as required by the Rosemary Garfoot Public Library to request employment records from my present and/or former employer(s). I release and hold harmless the Rosemary Garfoot Public Library, their officers, agents and employees, and the person(s) providing the information from any liability related to the providing of this information.

Initial: \_\_\_\_\_ I authorize the Rosemary Garfoot Public Library, its officers, agents, and employees to conduct a background criminal check and a check with the Department of Transportation prior to making a decision regarding employment. I release and hold harmless the Rosemary Garfoot Public Library, their officers, agents, and employees and the person(s) providing the information from any liability related to the performance or result of this check. I recognize that this information will be considered by the Rosemary Garfoot Public Library only if it substantially releases to the position applied for.

Initial: \_\_\_\_\_ If accepted for employment, I agree that my status as an employee depends upon my successful performance. I understand that just as I am free to resign at any time, the Rosemary Garfoot Public Library reserves the right to terminate my employment at any time. All employees not covered by a collective bargaining agreement are considered at-will employees.

Initial: \_\_\_\_\_ I agree to use such personal protective equipment and devices as may be required by the Rosemary Garfoot Public Library and to comply with safety rules and requirements. In addition, I understand that the Rosemary Garfoot Public Library maintains a workplace free from drugs, harassment and violence.

Initial: \_\_\_\_\_ I understand that nothing contained in the application or the Library employee handbook, the granting of an interview, or an offer/acceptance of employment constitutes an employment contract. I understand that no representative of the Rosemary Garfoot Public Library has the authority to make any assurances to the contrary.

I hereby certify that all statements made on or in connection with my application are true, complete and correct to the best of my knowledge and belief. I understand and agree that any misstatements or omissions of material fact subject me to disqualification or, if hired, dismissal.

Notice – Wisconsin Open Records Law: Under Section 19.36(7) of Wisconsin Statutes, the names of the "Final Candidates" must be open to public inspection. The statute also provides that if an applicant does not want his/her name revealed prior to being a "Final Candidate" they can do so by making a separate request in writing.

The Rosemary Garfoot Public Library is committed to the equality of opportunity for all people. It is the policy of the Rosemary Garfoot Public Library to provide equal employment opportunities for all individuals on the basis of their skills, abilities and qualifications, without regard to race, color, national origin, religion, political affiliation, sex, age, disability, marital status, arrest or conviction record, sexual orientation, disabled veteran or covered veteran status, membership in the National Guard or any other reserve component of the United States or State military forces.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date