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 □Dallas Branch Custodian

Main Library Circulation Assistant
 Main Library Custodian
 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 □Windsor Branch Custodian

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

□Summer only □Year-round

□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):



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.

		Т	oday's Date		
Position you are applying for					
Why do you want to work for the F	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 Tir	me □ Part Time Will you work evenings a	nd weekends if n	ecessary? □ Yes □ No		
List any days (and times) that you	cannot work				
Have you previously applied for a	job with the library? □ Yes □ No Wher	n			
Have you previously been employ	red by the library? □ Yes □ No Wher	n			
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 D No					
If you are selected for a job with th	ne library, will you consent to a background c	heck? □ Ye	s □No		
Have you been convicted under an Note: a criminal convictior	ny criminal law as an adult? □ Ye n does not automatically disqualify you.	es □No			
If yes, explain:					
Have you been convicted under an Note: a misdemeanor con	ny misdemeanor law as an adult? aviction does not automatically disqualify you.	□ Yes □ No			
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

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

Are you attending school now?
Yes INo If yes, where _____

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

Skills

Technology Skills (Check skills at which you are proficient)					
 Personal Computer Internet Email 	 Microsoft Word Microsoft Excel Microsoft PowerPoint 	 Tablets Smartphones E-Readers 	 Social Media Other (please explain below) 		

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				
	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				
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 cont	act 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	CityState	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