

Southwest Wisconsin Library System  
**APPLICATION FOR EMPLOYMENT**

AN EQUAL OPPORTUNITY EMPLOYER

**ATTENTION:**

To be filled out by the applicant only. If you are physically unable to fill out this application, you may request reasonable accommodations in completing the form. 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.**
- ❖ If resume is submitted, **DO NOT write "see resume."**
- ❖ DATE and SIGN this application.
- ❖ Please list a minimum of ten years' prior experience and education.
- ❖ Please complete application in blue or black ink.
- ❖ You are not required to furnish any information which is prohibited by federal, state or local law.

MAIL APPLICATIONS TO:  
SW WI Library System  
Attn: David Kranz  
1300 Industrial Dr. Suite 2  
Fennimore, WI 53809

(608) 822-2190 - PHONE  
[dkranz@swls.org](mailto:dkranz@swls.org) – E-Mail

TITLE OF POSITION YOU ARE APPLYING FOR: _____			
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time		TODAY'S DATE: _____	
NAME: (Last) _____		(First) _____	(M.I.) _____
		Home Phone: ( ) _____ - _____	
Mailing Address:		Business Phone: ( ) _____ - _____	
(Street) _____		May we contact you at this number? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list hours _____	
(Apt. #) _____			
(City) _____		(State) _____	(Zip Code) _____
		When will you be available for employment?	
Are you legally eligible for employment in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No		E-Mail Address: _____	
Are you at least 18 years of age? <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. Those under 18 years of age will need to have a valid work permit.</i>		May we contact you here? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever been employed by SW Wisconsin Library System <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes: when and in what position? _____ <i>SWLS shall prohibit employment of an individual if he/she would be directly supervising or receiving direct supervision from a family member.</i> List any relatives employed by SWLS: _____			
Do you possess a valid Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you possess any other license? <input type="checkbox"/> Yes <input type="checkbox"/> No Type: _____	
If you are applying for a job where you need to drive your car while on SWLS business, can you make arrangements to meet SWLS' minimum liability insurance requirements on your vehicle (\$100,000 combined single limits of bodily injury and property damage)? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Are you a U.S. Citizen?  Yes  No

List any memberships in professional or technical Associations:

List any current license or registration as a member of a trade or profession:

Please list ALL instances in which you were convicted as an ADULT for crimes (misdemeanors or felonies), ordinance violations, traffic violations and the like. Also, please list all criminal charges (misdemeanors or felonies) currently pending against you. Failure to include all information requested under this section may result in denial of employment.

CHECK HERE IF NONE ← **THIS BOX MUST BE CHECKED OR SECTION BELOW MUST BE COMPLETED!**

Approximate dates may be listed:

Date	Location	Charge	Court	Disposition of case

*NOTE: A conviction record or pending arrest record does not constitute an automatic bar to employment and will be considered only if there is a substantial relationship to the circumstances of the particular position or if the employer deems there is a bona fide occupational qualification inherent in the position which requires this information prior to hiring.*

Did you graduate from high school?  Yes  No  
 Name of school: \_\_\_\_\_  
 Address of school: \_\_\_\_\_  
 If no, have you passed a high school equivalency or GED test:  Yes  No

Special skills & qualifications – *this information must be provided if you are applying for a position requiring these skills:*  
 Experience Transcribing mechanically-recorded material?  Yes  No Typing speed (if known): \_\_\_\_\_WPM  
 Experience using a 10-key adding machine?  Yes  No \_\_\_\_\_KPM  
 List any additional office equipment which you can operate skillfully: \_\_\_\_\_  
 \_\_\_\_\_  
 List any computer software which you can operate skillfully: \_\_\_\_\_  
 \_\_\_\_\_

**Training beyond high school:**  
 College or university, technical, business college or other schools you have attended.

College, university or school – name, location and phone number	Presently attending	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, or in-service training. Please provide dates.

Are you currently unemployed?  No  Yes, since \_\_\_\_\_  
 List any time periods of past unemployed status: \_\_\_\_\_  
 Were you eligible for Unemployment Compensation?  No  Yes, please list dates \_\_\_\_\_

**IMPORTANT:** You must complete the employment sections of this application. Use additional sheets if necessary. You may attach a resume to further explain your qualifications. Please list a minimum of prior ten years' experience and education.  
**DO NOT WRITE "SEE RESUME".**

**EMPLOYMENT SECTION:** (Please start with your most recent position – include military service)

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	Reason for leaving or considering change:	
Present salary (indicate yearly, monthly or hourly):	Number of employees you supervise:	Were you involuntarily discharged? <input type="checkbox"/> Yes <input type="checkbox"/> No	

From (month & year)	Title of position held:		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):	Number of employees you supervised:	Were you involuntarily discharged? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Last salary (indicate yearly, monthly or hourly):	Reason for leaving:		

From (month & year)	Title of position held:		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):	Number of employees you supervised:	Were you involuntarily discharged? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Last salary (indicate yearly, monthly or hourly):	Reason for leaving:		

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 – THIS SECTION MUST BE COMPLETE Work or education related (e.g. former employers, supervisors, co-workers, school faculty). No relatives/significant others.		
NAME/TELEPHONE/ADDRESS	OCCUPATION	NATURE OF RELATIONSHIP
1.		
2.		
3.		
4.		
5.		

**In addition to checking references, the Southwest Wisconsin Library System may conduct a background check on any or all potential employees**

**I verify that all information included in this application to be true. I authorize the Southwest Wisconsin Library System to contact my references and understand that a background check may be conducted as part of the hiring process.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_