

# Employment Application

PO Box 529, St. Peters, MO 63376

✉ hr@stchlibrary.org

☎ (636) 441-2300

🖨 (636) 441-3132

Last Name		First Name		Middle Name	
Address			City	State	Zip Code
Telephone Number(s)			Email		
Have you ever worked for an employer under a name other than the one you are currently using?					
If yes, please list name: _____					
Position(s) applied for:			Which location:		
_____			_____		

## Availability

## Shift Availability

List your availability

Full Time  
 Part Time  
 Seasonal/  
Temporary  
 Internship

Library Hours	Monday 9am-9pm	Tuesday 9am-9pm	Wednesday 9am-9pm	Thursday 9am-9pm	Friday 9am-5pm	Saturday 9am-5pm	Sunday 1pm-5pm
from							
to							

## Referral Source

Library Website  
 Employee Referral      Employee Name: \_\_\_\_\_  
 Online Ad                      Source Name: \_\_\_\_\_  
 Other                              Source Name: \_\_\_\_\_

I certify that all information in this application is accurate and complete to the best of my knowledge. I understand that any part of it found to be false will be reason for my dismissal. I hereby authorize any person, corporation, or any organization to furnish any information regarding me and I hereby release such person, corporation, or other organization from any and all liability for releasing such information if information is provided in good faith, with no malice intended. In the event of employment, I agree to abide by the rules and policies of the St. Charles City-County Library.

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



St. Charles City-County  
**Library**

stchlibrary.org

## Employment Experience

Employer - Current or Most Recent	Dates Employed		Work Performed
	From	To	
Telephone Number(s)			
Address			
Job Title	Supervisor		
Reason for leaving			

Employer	Dates Employed		Work Performed
	From	To	
Telephone Number(s)			
Address			
Job Title	Supervisor		
Reason for leaving			

Employer	Dates Employed		Work Performed
	From	To	
Telephone Number(s)			
Address			
Job Title	Supervisor		
Reason for leaving			

Employer	Dates Employed		Work Performed
	From	To	
Telephone Number(s)			
Address			
Job Title	Supervisor		
Reason for leaving			

## References

Give name, email address, and telephone number of three references who are not related to you.  
Please check business, personal, or both for each reference.

Name: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_  Business  Personal

Name: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_  Business  Personal

Name: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_  Business  Personal

## General Information

Are you related to anyone on the Library staff or Board of Trustees?  Yes  No

If yes, name/relationship: \_\_\_\_\_

Have you ever applied for a position with the Library District?  Yes  No

If yes, give approximate date: \_\_\_\_\_

Have you ever been employed by the Library District?  Yes  No

If yes, give dates/position: \_\_\_\_\_

Do you speak a foreign language?  Yes  No

If yes, which one? \_\_\_\_\_

Do you know American Sign Language?  Yes  No

Are you willing to work smoke free?  Yes  No

Do you have the legal right to work in the United States?  Yes  No

If required, are you able to provide a valid Missouri driver's license to operate a library vehicle?  Yes  No

## Education

Do you have a high school diploma or GED?  Yes  No

Do you have an Associate's Degree?  Yes  No

Do you have a Bachelor's Degree?  Yes  No

\_\_\_\_\_  
Area of study Degree University/College

Do you have a Graduate Degree?  Yes  No

\_\_\_\_\_  
Area of study Degree University/College

Do you have any additional degrees?  Yes  No

\_\_\_\_\_  
Area of study Degree University/College

Do you have any professional certifications?  Yes  No

\_\_\_\_\_  
Title Date awarded Issued by

\_\_\_\_\_  
Title Date awarded Issued by

\_\_\_\_\_  
Title Date awarded Issued by

## Technology Skills

Check the software you are able to use:

Integrated Library System software	<input type="checkbox"/>	Please specify: _____						
Events Management software	<input type="checkbox"/>	Please specify: _____						
Microsoft Office Suite	<input type="checkbox"/>	Word	<input type="checkbox"/>	Excel	<input type="checkbox"/>	Powerpoint		
Google G Suite	<input type="checkbox"/>	Docs	<input type="checkbox"/>	Sheets	<input type="checkbox"/>	Slides	<input type="checkbox"/>	Forms
Gmail and Contacts	<input type="checkbox"/>							
Google Calendar	<input type="checkbox"/>							
Other	<input type="checkbox"/>	Please specify: _____						

*The St. Charles City-County Library is an Equal Opportunity Employer. We provide equal opportunity to all applicants without regard to race, color, sex, age, national origin, physical disability, religion, gender identity, sexual orientation, or military status. The Library participates in E-Verify.*

## For Human Resources Use Only

Date Position Offered: _____	Date Employed: _____		
Position: _____	Location: _____		
Supervisor: _____	Manager: _____		
Compensation: \$ _____ /Hour	\$ _____ /Year	Grade: _____	Step: _____
<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time	<input type="checkbox"/> Temporary	
Comments: _____			
_____			
_____			
_____			

