

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 Please specify: _____
- Events Management software Please specify: _____
- Microsoft Office Suite Word Excel Powerpoint
- Google G Suite Docs Sheets Slides Forms
- Gmail and Contacts
- Google Calendar
- Other Please specify: _____

The St. Charles City-County Library District 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.

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: _____		

