



Brodhead Memorial Public Library

Employment Application

Brodhead Memorial Public Library
1207 25th Street
Brodhead, WI 53520
608-897-4070

Print all information.

CONTACT INFORMATION

Date of application: _____ Position applying for: _____

Available date: _____

Name: _____
(First name, middle initial, last name)

Phone: (____) _____ (____) _____
(Primary) (Secondary)

Address: _____

Email address: _____

GENERAL INFORMATION

Library open hours: 9:00 a.m. 6:00 p.m. Monday–Friday, and 9:00 a.m. – 12:00 p.m. Saturday. Certain positions may be asked to work outside of these hours, based on need.

Days you are available to work: _____

Hours are you available to work: _____

Full-time Part-time

Are you American Citizen? Yes No

Are you eligible to work in the United States? Yes No

Have you been convicted of a crime? Yes (if yes, please explain) No

EDUCATION

School Attended	Years Attended	Degree Received

Other Training, certifications, or licenses held: _____

EMPLOYMENT

Start with most recent work history first. If more room is required please attach an additional piece of paper.

Employer: _____

Start date: _____ **End date:** _____

Address: _____

Phone: _____ **Pay Rate:** _____

Position: _____ **Supervisor:** _____

Duties performed: _____

Reason for leaving: _____

May we contact this employer for more information? Yes No

Employer: _____

Start date: _____ **End date:** _____

Address: _____

Phone: _____ **Pay Rate:** _____

Position: _____ **Supervisor:** _____

Duties performed: _____

Reason for leaving: _____

May we contact this employer for more information? Yes No

Employer: _____

Start date: _____ **End date:** _____

Address: _____

Phone: _____ **Pay Rate:** _____

Position: _____ **Supervisor:** _____

Duties performed: _____

Reason for leaving: _____

May we contact this employer for more information? Yes No

REFERENCES

Provide contact information for three references. These individuals may be contacted during the interview process.

Name: _____ **Position:** _____

Company: _____ **Years known:** _____

Phone: _____ **Email:** _____

Name: _____ **Position:** _____

Company: _____ **Years known:** _____

Phone: _____ **Email:** _____

Name: _____ **Position:** _____

Company: _____ **Years known:** _____

Phone: _____ **Email:** _____

ACKNOWLEDGEMENT AND AUTHORIZATION

I certify that all answers given herein are true and completed to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge.

Brodhead Memorial Public Library is an equal opportunity employer and will not discriminate in employment, recruitment, and advertisements for employment, compensation, termination, upgrading, promotions, and other conditions of employment against any employee or job applicant on the bases of race, creed, color, national origin, or sex.

Signature of applicant: _____

Date: _____