

ST. MARY PARISH LIBRARY SYSTEM

Alex Allain-Franklin ♦ Amelia ♦ Bayou Vista ♦ Berwick ♦ Centerville ♦ Patterson ♦ West End-Baldwin
An Equal Employment Opportunity Affirmative Action Employer

APPLICATION FOR EMPLOYMENT

TITLE OF POSITION YOU ARE APPLYING FOR: _____

INSTRUCTIONS: Application must be completed in ink. Answer all questions accurately and completely. All statements in your application are subject to verification and incorrect or incomplete statements may bar or remove you from employment. Resumes will not be accepted in place of a completed application. Do not respond to any questions with "SEE RESUME".

Read the Certificate of Applicant in Section 8 carefully before signing.

1. PERSONAL DATA

NAME (Last, First, Middle)	Area Code	Home Telephone
Mailing Address and Physical Address (Number and Street)	Area Code	Cell Telephone
(City, State, Zip)	Area Code	Other Telephone
Do you have a valid Driver's License <input type="checkbox"/> YES <input type="checkbox"/> NO State: _____ Number: _____ Class: _____ Expiration Date: _____	Date of birth. Only if you are less than 18 years of age	

2. PHYSICAL CONDITIONS OR LIMITATIONS

DO YOU HAVE ANY PHYSICAL CONDITION OR LIMITATIONS THAT WOULD PREVENT YOU FROM PERFORMING ALL THE DUTIES OF THIS POSITION ON A REGULAR AND CONTINUING BASIS? YES NO
IF YES, WHAT CAN BE DONE TO ACCOMMODATE YOUR LIMITATIONS? PLEASE EXPLAIN IN SECTION 7.

3. VETERAN'S PREFERENCE

Are you claiming Veteran's Preference? (Attach a copy of DD2014 and proof of service connected disability) YES NO

4. EDUCATION AND TRAINING

NAME & LOCATION OF HIGH SCHOOL	Are you a high school grad? <input type="checkbox"/> YES <input type="checkbox"/> NO			
_____	Have you passed the GED? <input type="checkbox"/> YES <input type="checkbox"/> NO			

Schools attended other than high school	Location	Course of study	Credits Earned Sem — Qtr	Degree or Certificate Rec'd None Type
Please describe additional course work or training (including military) which would qualify you for this position:				
Please list certificates or licenses of professional or vocational competence you possess which relate to this position:				
Please list languages other than English which you: Speak _____ Read _____ Write _____				
SPECIAL SKILLS: Computer Hardware _____ Computer Software _____				
Other: _____				

5. PREVIOUS LIBRARY EMPLOYMENT AND CURRENT EMPLOYMENT OF A RELATIVE

A. Have you previously been employed by the Library? YES NO
If you responded "yes", list dates of employment, branch & any former names, if appropriate in Section 7.

B. List any relatives currently employed by the Library and their relationship to you:

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6. WORK EXPERIENCE

You should respond completely to the information requested in this section. Describe different positions held with the same employer in different blocks, showing dates, etc. List all experience, paid and voluntary. Additional sheets should be attached to this application when necessary to fully describe related experience, training and education. **LIST YOUR MOST RECENT EMPLOYMENT FIRST**

DO NOT ENTER "SEE RESUME"

FROM (MO. & YR.)	TITLE OF YOUR PRESENT OR MOST RECENT POSITION	ORGANIZATION NAME
TO (MO. & YR.)	DUTIES PERFORMED	NUMBER AND STREET CITY STATE
TOTAL TIME		EMPLOYER'S BUSINESS
YRS. MO.		NAME OF SUPERVISOR
HOURS EACH WEEK		REASON FOR LEAVING
SALARY		
PER		
FROM (MO. & YR.)	TITLE OF YOUR PRESENT OR MOST RECENT POSITION	ORGANIZATION NAME
TO (MO. & YR.)	DUTIES PERFORMED	NUMBER AND STREET CITY STATE
TOTAL TIME		EMPLOYER'S BUSINESS
YRS. MO.		NAME OF SUPERVISOR
HOURS EACH WEEK		REASON FOR LEAVING
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YRS. MO.		NAME OF SUPERVISOR
HOURS EACH WEEK		REASON FOR LEAVING
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7. EXPLANATION OF PREVIOUS ITEMS

Use this space to provide additional information as required by this application. Attach additional sheets if necessary.

8. CERTIFICATE OF APPLICANT—PLEASE READ CAREFULLY

I certify that the foregoing information and answers are true, complete and correct. I understand that any misrepresentation or omission of materials facts is cause for rejection of application, removal from the eligibility list, suspension or dismissal.

I hereby authorize the St. Mary Library to investigate all statements contained on this application form.

SIGNATURE

DATE (Month Day Year)

AFTER AN OFFER OF EMPLOYMENT IS MADE AND PRIOR TO HIRING, A CANDIDATE MAY BE DRUG TESTED AT THE LIBRARY EXPENSE. FOR SOME POSITIONS, A DETAILED BACKGROUND INVESTIGATION WILL BE REQUIRED.

IF APPOINTED TO A LIBRARY JOB, APPLICANTS WILL BE REQUIRED TO SUBMIT PROOF OF IDENTITY AND ELIGIBILITY TO WORK IN THE UNITED STATES OF AMERICA.

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ST. MARY PARISH LIBRARY EQUAL EMPLOYMENT OPPORTUNITY QUESTIONNAIRE

RESPONSES TO THE EQUAL EMPLOYMENT OPPORTUNITY QUESTIONNAIRE ARE VOLUNTARY. FAILURE TO ANSWER THE QUESTIONS IN THIS SECTION WILL NOT AFFECT YOUR EMPLOYMENT ELIGIBILITY.

In order for the St. Mary Parish Library to monitor its progress in Affirmative Action, it is necessary for us to identify each person who applies for a Library job by the factors shown below. We ask for your help in checking the squares that apply to you, and filling in the blanks so that we can keep statistics on each examination. ***This section will be detached from the application form, and will be used only for statistics. No decisions in the test process will be based on it.***

Name _____

Title of Position _____

Male Female

Age: Under 40 Over 40

ETHNIC ORIGIN (responses are voluntary) — Please check one of the following:

- | | |
|---|--|
| <input type="checkbox"/> White (not of Hispanic origin)
<i>All persons having origin in any of the original peoples of Europe, North Africa, the Middle East, or the Indian subcontinent.</i> | <input type="checkbox"/> American Indian or Alaskan Native (not of Hispanic origin)
<i>All persons having origin in any of the original peoples of North America.</i> |
| <input type="checkbox"/> Black (not of Hispanic origin)
<i>All persons having origin in any Black racial groups.</i> | <input type="checkbox"/> Two or More Races (not Hispanic origin)
<i>All persons having origins in any of two racial groups.</i> |
| <input type="checkbox"/> Hispanic
<i>All persons of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin regardless of race.</i> | <input type="checkbox"/> Handicapped
<i>Are you handicapped, according to the definition below? Section 503 of the Rehabilitation Act of 1973 defines a handicapped person as anyone who:</i> |
| <input type="checkbox"/> Asian or Pacific Islanders (not of Hispanic origin)
<i>All persons having origin in any of the original peoples of the Far East, Southeast Asia, or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Hawaiian Islands, and Samoa.</i> | <ol style="list-style-type: none">1. <i>has a physical or mental impairment which substantially limits her/his major life activities, or</i>2. <i>has a record of such impairment, or</i>3. <i>is regarded as having such impairment</i> |

HOW DID YOU LEARN ABOUT THIS JOB OPENING?

- Library Employee
- Library Website
- Internet
- An advertisement (specify which newspaper or publication): _____
- Other means (specify): _____