



Benbrook Library District Employment Application Form

Personal Information	
First Name: _____	Last Name: _____
Address: _____	City: _____ ZIP Code: _____
Primary Phone Number: _____	Secondary Phone Number: _____
Email: _____	

Availability and Job Position								
Position <input type="checkbox"/> Page <input type="checkbox"/> Library Assistant <input type="checkbox"/> Specialist <input type="checkbox"/> Librarian <input type="checkbox"/> Other	Status <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Summer	Hours of Availability						
		Mon	Tue	Wed	Thu	Fri	Sat	Sun
	From							
	To							

Education and Training		
Area of Study and/or Major	Institution	Level Completed

Employment History	
Current/most recent employer: _____ Supervisor's Name: _____ Your position and duties: _____	Dates of employment: _____ Phone Number: _____
Previous Employer: _____ Supervisor's Name: _____ Your position and duties: _____	Dates of employment: _____ Phone Number: _____

Do you have any experience working in libraries? _____

Are you legally permitted to work in the United States? Yes No Are you at least 18? Yes No
 Have you ever been convicted of, or have you pleaded guilty or no contest to, a felony offense? Yes No
 If yes, please explain. _____

Do you have relatives employed by or serving on the board of Benbrook Library District? Yes No

References (preferably work-related)			
Name	Occupation	Relationship	Phone Number

Library work is physical in nature. I understand that I may be required to pass a medical examination designed to take into consideration the work to be performed, and maintain the ability to physically perform this throughout my employment. I certify that statements made by me are true and complete. I understand and agree that a false statement will disqualify me from employment or result in dismissal. I authorize the Benbrook Library District to contact my references.

Signature: _____ Date: _____

Received Date & Time: _____