Date Received:

Application for Employment (Equal Opportunity E	mployer)		
Please Print:			
Name			
Present Address			
Telephone Number	City	State	Zip Code
Are you prevented from lawful employment in this country because of	of a Visa or Immigra	tion Status? _	YesNo
What position are you applying for ?	Part-time	Full-tim	ie
Location of work sought:AnyBayou BlueChoctav	vGheens	_Golden Mea	dow
LaroseLockportRacelan	dSouth Lafou	rcheTh	ibodaux
Can you work: Evenings Weekends Hou	rly rate expected \$	6	
If employed and you are under 18, are you able to provide a wor	k permit?Y	YesN	lo
State names of any relatives or friends employed by this library.			
Have you worked for this library system before?YesN	No, If so, when?		
Do you have a Lafourche Parish Library Card?YesNo			
Have you recently visited the location for which you are applying	? Yes No		
Education:			

School	Name and Location	Last Year Completed	Did You Graduate?	Certification or Degree
High School		1 2 3 4		
College		1 2 3 4		
Other		1 2 3 4		

Can you operate a computer? Yes No With which software programs are you experienced?
Microsoft WordMicrosoft ExcelMicrosoft OutlookMicrosoft Power Point
Microsoft AccessInternetOther:
Do you read: Daily Newspapers Magazines Books Other
Have you ever been in the US Military?Yes, branch?No
Special skills that would be useful in the job for which you are applying:

Employment History:

List below all present and past employment, beginning with the most recent.

Name, Address and Telephone of Employer	Date Started	Date Left	Position	Reason for Leaving

Business, Professional and Character References:

List at least three persons **not** related to you who have first hand knowledge of your professional abilities:

<u>Name</u>	Address	<u>Telephone Number</u>
	of a felony in the last 7 years? C No If yes, please	Conviction will not necessarily disqualify applicant from explain below.

Reason for seeking employment at the Lafourche Parish Library:

Your signature to the following statement is necessary to secure consideration of your application. I authorize investigation of all statements contained in this application. I understand that any information obtained by the Library will be held confidential from all persons. I agree that any false statements or omission of facts will be sufficient grounds for dismissal. I understand that I am required to abide by all rules and regulations of the employer.