



Kansas City, Kansas Public Library

Application Received:	Mo.	Day	Yr.
Interview Scheduled:			
Board Approval:			
Comments:			
Sent to: Admin initials:			

Employment Application

Please furnish all information requested on this application. Disabled applicants requiring assistance in completing this application form or in participating in the interview process will be reasonably accommodated. Requests of this nature should be directed to Library Administration (913)551-3280 ext 2219. Applications remain active for one year unless renewed by request. All information provided will be kept confidential and the completed application becomes the property of the Kansas City, Kansas Public Library system once submitted.

Date of Filing Application _____ Date When Available _____

Name _____
 Last Name First Name Middle Initial

Present Address _____
 Street City/State Zip Code

Phone number (____) _____ Alternative Phone Number (____) _____

Email address: _____ Are you legally able to work in the United States: ___ Yes ___ No

Position(s) applying for: _____

Are you interested in: ___ Full Time (40 hr. wk.) ___ 3/4 time (30-35 hr. wk.) ___ Hourly (10-29 hr. wk.)

An Equal Opportunity Employer

Applicants are considered without regard to race, color, religion, sex, national origin, marital or veteran status, age or disability. Because the Kansas City, Kansas Public Library is governed by the Board of Education of the Kansas City, Kansas Public School District #500, specific complaints of alleged discrimination should be referred to the Kansas City, Kansas Public Schools Compliance Officer, 625 Minnesota Avenue, Kansas City, Kansas; telephone number (913) 551-3200.

Certification

Do you hold a Master's Degree in Library Science? _____ Yes _____ No
 If yes, from what school: _____ ALA accredited? _____ Yes _____ No

Personal Data

Present position _____ How Long? _____
 Present employer _____ Supervisor _____

Educational and Professional Training

Name of High School Attended	Location (City and State)		Diploma Received Yes or No
Name of Business, Trade or Professional School Attended	Date of Attendance From (Mo/Yr) To (Mo/Yr)	Type of Certificate Diploma or Degree	Date Received Mo Yr

Indicate your experience with the following:

Computer software programs /
operating systems

Work Experience

- | | | | |
|---|---|---|--------------------------------------|
| <input type="checkbox"/> Word | <input type="checkbox"/> Publisher | <input type="checkbox"/> Public Library Setting | <input type="checkbox"/> Data Entry |
| <input type="checkbox"/> Excel | <input type="checkbox"/> Web Browser | <input type="checkbox"/> Customer Service | <input type="checkbox"/> Arts/Crafts |
| <input type="checkbox"/> Access | <input type="checkbox"/> SirsiDynix | <input type="checkbox"/> Public Speaking | <input type="checkbox"/> Storytimes |
| <input type="checkbox"/> HTML | <input type="checkbox"/> Desktop Publishing | <input type="checkbox"/> Computer Software/Hardware Troubleshooting | |
| <input type="checkbox"/> Other experience In library setting you feel will benefit: | | | |

Employment Record

Name and Address of Employer	Job Title	Hourly Rate	Inclusive Dates	Reason for Leaving
			To	
			To	
			To	
			To	

Do you currently have a relative or a member of your household working for USD #500 or the Public Library?
 ___ Yes ___ No. If yes, please give the name of the individual and the relationship.

_____ Name

_____ Relationship

*NOTE: Having a relative or member of your household working for the district is not an automatic bar to your employment. Board policy prohibits individuals with certain familial ties from working in a supervisor/subordinate relationship.

In the space provided below, please provide any additional information that will give us a more complete estimate of your training and experience. Briefly state what you feel you can contribute as an employee of this library system in the position for which you are applying.

All questions and explanations must be completed to be eligible.

Other than minor traffic offenses for speeding, parking violations, etc., have you ever been convicted of any criminal offense? ___ Yes ___ No

If yes, please explain:

Conviction of a crime is not an automatic bar to employment. The library/school district will consider the nature of the offense, the date of the offense, and the relationship between the offense and the position for which you are applying.

Why do you desire to leave your present position, or why did you leave your last position?

Have you ever been involuntarily terminated from employment? ___ Yes ___ No

If yes, please give the name and location of the employer, the date and reasons for the termination.

Complete all three employment references. Include supervisors under whom you have worked. You must provide complete addresses including zip codes. A minimum of three (3) references must be on file before a candidate will be considered for employment.

Company Name	Supervisor	Complete Mailing Address (Street, City, State Zip Code)	Name Employed Under
Present or Last Employer:	Supervisor Name: Telephone No:		
Previous Employer:	Supervisor Name: Telephone No:		
Previous Employer:	Supervisor Name: Telephone No:		

**Personal References
(No Family Members)**

Name	Complete Mailing Address (Street, City, State Zip Code)	Telephone Number

Are you now employed or have you at any time in your work history been employed in any capacity for the Public Library or Board of Education, USD #500 Kansas City, Kansas? ___ Yes ___ No

If yes, please indicate under what name (if different) you were employed. _____

My signature below authorizes the library/school district to conduct a background investigation and authorizes release of information in connection with my application for employment. This investigation may include such information as criminal or civil convictions, driving records, previous employers and educational institutions, personal references, professional references, and other appropriate sources. I waive my right of access to any such information, and without limitation hereby release the library/school district and the reference source from any liability in connection with its release or use. This release includes the sources cited above and specific examples as follows: the local Sheriff, information from the Central Criminal Records Exchange of either data on all criminal convictions or certification that no data on criminal convictions are maintained, maintained, information from the Kansas or other State Department of Social Services Child Protective Services Unit and any Locality to which they may refer for release of information pertaining to any findings of child abuse or neglect investigations involving me.

Furthermore, I certify that I have made true, correct and complete answers and statements on this application in the knowledge that they may be relied upon in considering my application, and I understand that any omission and/or false answered statement made by me on this application or any supplement to it will be sufficient grounds for failure to employ or for my discharge would I become employed with the school district.

Furthermore, it is understood that this application and records become the property of the Public Library which reserves the right to accept or reject them. I further agree to observe all rules, regulations, and policies of the District.

_____ Date

_____ Signature of Applicant