

Viking Library System

1915 West Fir Avenue, Fergus Falls, MN 56537 – 218-739-5286

Application for Employment

Position Applying For: _____ Date: _____

1. *Personal Data*

Name _____
Last First Middle

Address _____

Home Phone _____ Alternate Phone _____

Email address _____

Please list all other names under which you have been employed or under which your employment or educational records may be found: _____

Are you under the age of 18? Yes _____ No _____

Are you either a U.S. citizen or legally eligible to hold employment in the United States? _____yes _____no

Have you previously been employed by Viking Library System _____yes _____no

If yes, list the dates of former employment: _____

Do you have a valid driver's license? _____yes _____no

Driver's license information: State: _____ Class: _____

If applying for a driver's position, list/describe any traffic violations or accidents in which you have been involved during the last 5 years on a separate sheet of paper.

2. *Education*

Last Grade Completed (please check): _____5 _____6 _____7 _____8 _____9 _____10 _____11 _____12 _____GED

List all schools/institutions attended, most recent first. **Do not** list dates of attendance for high school:

College, University, Tech School:

Name of School _____ Location _____

Degree/Major _____ Date of Graduation _____

Graduate School:

Name of School _____ Location _____

Degree/Major _____ Date of Graduation _____

Relevant current professional memberships, registrations or licenses (include date issued):

Office Equipment, Word Processing and Computer Experience: Computer hardware/software (be specific):

3. Position Desired

Title of position for which you are applying: _____

Date available to begin employment: _____

4. Work/Volunteer Experience

List all work experience, whether or not relevant to this position, and all relevant volunteer experience beginning with the most recent.

Employer Name _____

Employer Address _____

Job Title _____

Job Duties _____

Dates of Employment _____

Reason for Leaving _____

Employer Name _____

Employer Address _____

Job Title _____

Job Duties _____

Dates of Employment _____

Reason for Leaving _____

Employer Name _____

Employer Address _____

Job Title _____

Job Duties _____

Dates of Employment _____

Reason for Leaving _____

(If you need more space, please attach a separate sheet)

5. References

These should be people in a position to discuss your qualifications for the position you seek. Include especially managers, directors, or heads of departments under whom you have worked. Indicate any who are related to you. VLS reserves the right to contact all prior employers, educational institutions or institutions where you have volunteered in addition to references listed below.

Name of Reference: _____

Address: _____

Phone Number: _____

Title: _____

Name of Reference: _____

Address: _____

Phone Number: _____

Title: _____

Name of Reference: _____

Address: _____

Phone Number: _____

Title: _____

6. Background Investigation

All employment offers are contingent upon the applicant passing a background investigation, which may include, but are not limited to, gathering information from the following sources: Bureau of Criminal Apprehension, other law enforcement agencies, court documents, educational institutions, previous employers, Minnesota Driver and Vehicle services, military records, Immigration and Naturalization Services and known associates of the applicant. Criminal convictions are not an automatic bar to employment. Each case is considered on its individual merits and the type of work sought.

If a consumer report is required for your position, would you like a copy? yes no

7. Veteran Status (complete only if you served in the U.S. armed forces)

Are you an honorably discharged veteran of the armed forces of the United States or are you otherwise eligible to claim Veteran’s Preference Points? yes—— no ——

Do you wish to claim Veteran’s Preference Points? yes no

If you are a disabled veteran and wish to claim additional point, please check here: _____

Proof of applicable military status/eligibility, such as a DD214 form, will be required in order to claim credits.

Please attach DD214 form or forward it within five (5) business days.

8. Equal Employment Opportunity Statement

VLS is an equal opportunity employer and will not discriminate against any applicant or employee on any grounds protected under federal, state, or local law, including race, color, creed, religion, age, sex, national origin, ancestry, gender identity, sexual orientation, familial status, marital status, disability, activity in a local commission, or status with regard to public assistance or sources of income. If in need of a reasonable accommodation for a disability to complete the application or attend an interview, contact the VLS Director at 218-739-5286.

9. Prior Employment

Have you ever been discharged or forced to resign from prior employment, other than in relation to a humans rights charge or lawsuit in which you were the claimant/plaintiff? yes no

If so, identify the employer and describe the circumstances:

10. Personal Statement

Please indicate why you are interested in the position and what you hope to accomplish if you are selected:

11. Unexcused Absence From Work

How many days were you inexcusably absent from work during the preceding three (3) years other than absences due to illness or injury of you and your immediate family? _____

12. Data Privacy Notice

The information requested on the application is intended to be used by VLS in determining suitability for employment for the position which you are currently seeking or may be seeking in the future. You are not legally required to provide any of the information on this form at this time. However, failure to provide complete, accurate information may result in VLS being unable or unwilling to offer employment to you. The information on this application will not be released outside of VLS without your consent except as necessary for tax purposes or as otherwise required by federal or state law.

13. Certification, Acknowledgement & Release

____ I certify that the answers I have given on this application are true and correct to the best of my knowledge. I understand that any false or misleading information provided, or any omission or concealment of facts, will disqualify me from consideration for employment, and constitutes grounds for my immediate dismissal should I be employed by VLS.

____ I understand, acknowledge, and agree that no job offer is final until formal approval by the VLS Director and that until such approval, VLS shall not be liable for any reliance on any oral or written offers of employment made to me.

____ I understand that some positions may require examination of my driving records.

____ In connection with this application, I hereby authorize any and all schools, current and former employers, organization where I have volunteered ("volunteer organizations") and law enforcement authorities named in this application, or any agent of said schools, current and former employers, volunteer organizations and law enforcement authorities to release to VLS and its agents any and all information regarding my job performance and fitness/qualifications to perform the position I am presently seeking and any other employment or related information, both public and private, in their possession. I understand that VLS will use this information to determine my fitness/qualifications for the position I am seeking. This authorization expires one (1) year from the date of my signature below.

Name of Applicant (typed): _____ **Date:** _____

If this application is submitted electronically, a physical signature will be required if/when an interview is granted.

Signature: _____ **Date:** _____