



DES MOINES
PUBLIC LIBRARY

APPLICATION FOR EMPLOYMENT

dmpl.org | 515.283.4152

Last Name _____ First Name _____ Middle Initial _____

Address _____ City _____ State _____ ZIP _____

Primary Phone _____ Other Phone _____ Email _____

If you are under 18 years old provide birthdate: _____

Hours you are available to work:

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Position applied for: _____

Other positions of interest: _____

Interested in: Full-time Part-time Either

EDUCATION

Highest year of education completed: _____

	School Name & Location	Major or Fields	Did you graduate?
High school/GED			
Trade/Technical			
College/Univ			
Graduate School			

If you have other education you would like the library to consider, submit additional pages or resume.

IMPORTANT INFORMATION

- Do you object to inquiry of your present employer? Yes No
- Have you ever been employed by the Des Moines Public Library? Yes No
- Have you ever been discharged or asked to resign from employment? Yes No

If you have answered "Yes" to any of the above questions, please give explanations in the comment box below. A yes answer does not automatically disqualify you from employment.

Comments: _____

DRIVING INFORMATION

Do you possess a valid driver's license? Yes No Driver's license number _____ Issuing State _____

FOR OFFICE USE ONLY – DO NOT WRITE IN THIS AREA

Reviewed by: _____ Meets or exceeds minimum qualifications for this position: Yes No
Test Results: _____ Comments: _____

EMPLOYMENT RECORD

List below, from most recent to least recent, positions you have held during the past ten (10) years. If more than one position has been held in one company list each of them. If you have more than three positions you would like to include, use additional sheets as needed following the format below. Resumes may be submitted as supplement.

1. Present / most recent employer _____ Date Hired _____ Date Separated _____
Address _____ City _____ State _____ ZIP _____
Immediate Supervisor _____ Supervisor's Phone # _____ # hrs / wk _____
Position _____ Reason for Leaving _____
Duties _____

2. Second most recent employer _____ Date Hired _____ Date Separated _____
Address _____ City _____ State _____ ZIP _____
Immediate Supervisor _____ Supervisor's Phone # _____ # hrs / wk _____
Position _____ Reason for Leaving _____
Duties _____

3. Third most recent employer _____ Date Hired _____ Date Separated _____
Address _____ City _____ State _____ ZIP _____
Immediate Supervisor _____ Supervisor's Phone # _____ # hrs / wk _____
Position _____ Reason for Leaving _____
Duties _____

READ THIS STATEMENT BEFORE SIGNING.

I hereby certify that this application is complete to the best of my knowledge for the periods of employment listed. All information given is true and contains no misrepresentations.

FURTHERMORE:

1. I am aware that all statements submitted on this application are subject to investigation and verification.
2. I authorize the persons, schools, law enforcement agencies, and other organizations or employers named in this application to provide information requested by the Des Moines Public Library in its processing of this application.
3. I agree to provide, upon request of the library, written releases and waivers of confidentiality should any former employer or school require such a release.
4. I understand that any withholding of information or misrepresentation on this application or on city medical forms could result in rejection for employment, or if employed, termination from the library.
5. I understand any offer of full-time employment is conditional upon successfully completing a physical, which includes a drug screen.

Signature

Date