

Terrebonne Parish Library System
151 Library Drive
Houma, LA 70360
(985) 876-5861

Office Use Only:
 Salary _____
 Date of employment _____

Application for Employment
(An Equal Opportunity Employer)

Please Print:

Personal:

Name _____ Social Security Number _____

Present Address _____
 City State Zip Code

Telephone Number _____

Are you prevented from lawfully becoming employed in this country because of a Visa or Immigration Status? ___Yes ___No

What position are you applying for? _____ Part-time _____ Full-time _____

Can you work: Evenings _____ Weekends _____ Rate of pay expected \$ _____

If employed and you are under 18, can you furnish a work permit? _____ Yes _____ No

State names of any relatives or friends employed by this library. _____

Have you worked for this library system before? ___Yes ___No, If so, when _____

Have you ever been convicted of any traffic violations? _____ Yes _____ No

Education:

School	Name and Address	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 type? ___Yes ___No How many words per minute? _____

Do you know how to operate a computer? ___Yes ___No Which programs/software are you experienced with using? _____

Describe any special training, skills, or extra-curricular activities _____

Do you read: ___Daily Newspapers ___Magazines ___Books

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:

Give the names of at least three persons **not** related to you who have known you for at least one year. Include people who have first hand knowledge of your professional abilities.

Name

Address

Telephone Number

Reason for seeking employment at the Terrebonne Parish Library _____

You are not required to disclose information about physical or mental limitations that you believe will not interfere with your capability to do the job. On the other hand, if you want the employer to consider special arrangements to accommodate a physical or mental impairment, you may identify that impairment in the space provided and suggest the kind of accommodation that you believe would be appropriate.

Impairment _____

Suggested Accommodation _____

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 called for will be sufficient grounds for dismissal. I understand that I am required to abide by all rules and regulations of the employer.

Signature _____ Date _____