



*your*  
**CONVERSE COUNTY LIBRARY**  
*navigate* the unknown

# Job Application

Date of Application: \_\_\_\_\_

300 E. Walnut St  
Douglas, WY 82633  
307.358.3644  
Fax: 307.358.8306

506 S. 4th Street  
Glenrock, WY 82637  
307.436.2573  
Fax: 307.436.2364

www.yourccl.org

Submit in-person, mail to 300 E Walnut St, Douglas, WY 82633, or email to [employment@conversecountylibrary.org](mailto:employment@conversecountylibrary.org)

The Library is committed to providing equal employment opportunities and a work environment free from harassment to all individuals without regard to race, creed, color, religion, ancestry, national origin, age, gender, sexual orientation, disability (except where disability is a bona fide occupational disqualification), veteran status, marital status, or other factors identified and protected by federal, state, and local legislation. This includes, but is not limited to recruitment, selection, compensation, benefits, training, placement, transfers, promotions, terminations, and leaves of absence.

### Personal Information

|                 |       |       |       |       |           |
|-----------------|-------|-------|-------|-------|-----------|
| Last            | First | MI    | Email |       |           |
|                 |       |       |       |       |           |
| Mailing Address | City  | State | Zip   | Phone | Alt Phone |
|                 |       |       |       |       |           |

Are you legally authorized at the time of hire to work in the United States?  Yes  No  
*(Proof of eligibility will be required upon employment.)*

If you are under 18 years of age, can you provide required proof of your eligibility to work?  Yes  No

### Placement Information

|                        |                                      |
|------------------------|--------------------------------------|
| Position applying for? | How did you hear about this opening? |
|                        |                                      |

### Availability

Are you related to anyone currently employed by the Converse County Library System?  Yes  No  
If yes, please explain. \_\_\_\_\_

Are you currently employed?  Yes  No

Date available for work: \_\_\_\_\_ Status desired:  Full Time  Part Time  Temporary

Are you available to work nights and weekends?  Yes  No

Are you available for travel, as needed?  Yes  No

Have you been convicted of a felony within the past seven years?  Yes  No  
*(Conviction will not necessarily disqualify an applicant from employment.)*  
If yes, please explain \_\_\_\_\_

### Education

|               | School Name, City & State | Last year completed | Did you graduate?  | Major, Course of Study, or Degree Obtained |
|---------------|---------------------------|---------------------|--|--|
| High School   |                           | 1-4:                | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |
| College       |                           | 1-4:                | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |
| Post Graduate |                           | 1-4:                | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |

Briefly describe any additional career education (additional courses, trade schools, seminars, etc.) include description of course, length of program, & when it was completed.

Describe any honors you have received.

**Military Service Training**

Do you have military experience in the Armed Forces of the United States?  Yes  No

If yes, please list any job-related training you received in the United States military. Describe branch of service, dates, and location of such training.

**Prior Work Experience**

|                                     | Current or Most Recent       |                             | Prior                        |                             | Prior                        |                             |
|-------------------------------------|------------------------------|-----------------------------|------------------------------|-----------------------------|------------------------------|-----------------------------|
| Employer                            |                              |                             |                              |                             |                              |                             |
| Address                             |                              |                             |                              |                             |                              |                             |
| City, State, ZIP                    |                              |                             |                              |                             |                              |                             |
| Telephone                           |                              |                             |                              |                             |                              |                             |
| Supervisor's Name                   |                              |                             |                              |                             |                              |                             |
| Dates of Employment<br>(month/year) | From                         | To                          | From                         | To                          | From                         | To                          |
|                                     |                              |                             |                              |                             |                              |                             |
| Position/Job Title                  |                              |                             |                              |                             |                              |                             |
| Job Duties                          |                              |                             |                              |                             |                              |                             |
| Final salary                        |                              |                             |                              |                             |                              |                             |
| Reason for Leaving                  |                              |                             |                              |                             |                              |                             |
| May we contact?                     | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

**Applicant's Notes on Employment/Skills & Qualifications**

Please explain any gaps in employment history. Also summarize special skills and qualifications acquired from employment or other experiences that relate to the position(s) for which you are applying, as well as licenses, craft cards, certifications held, equipment operated, etc.

**Professional References (Two)**

| Name | Phone |
|------|-------|
|      |       |
|      |       |

**Personal Reference (One)**

| Name | Phone |
|------|-------|
|      |       |

**Additional Information**

State any additional information you feel may be helpful to us in considering your application.

I understand and agree that any misrepresentation by me on this application will be sufficient cause for voiding this application or for separating me from the service of the Library System if I have become employed. I further understand that acceptance of an offer of employment does not create a contractual obligation upon the Library System to continue to employ me in the future.

I authorize the Library System to investigate my work performance with my references and my previous employers (*except as noted*), and to investigate other such records. I understand and acknowledge that prior to employment, should my position require the handling of cash and monies, I may be subject to a criminal background investigation. I hereby release from liability the Library System and its representatives for seeking such information and all other persons, corporations, or organizations for furnishing such information.

I understand and consent to physical examinations, including drug and alcohol screenings, and other tests/evaluations, etc. that may be required to certify my suitability for the work for which I have applied, and I release from liability the Library System and its representatives for any legitimate actions it takes relating to the results of such tests. I also understand that refusal to submit to the physical and drug screening will constitute voluntary withdrawal of my application for employment. I also understand that the Library System may refuse to hire me as a result of the examination, and I agree to not hold the Library System liable for such refusal.

If I become employed, I also agree to such physical examinations, including drug and alcohol screenings, and other tests/evaluations, etc. as reasonably may be required to certify my continuing suitability for any work which I may encounter while an employee of the Library. I agree to not hold the Library System liable for the consequences of such examinations, screenings, tests, etc.

I understand that proof of U.S. permanent residency or authorization to work in the U.S. is required upon employment.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_  
*(Application is incomplete and invalid without signature.)*

January 2020

**Is your résumé attached?**  Yes  No