



NORTH KANSAS CITY PUBLIC LIBRARY

2251 Howell Street
North Kansas City, MO 64116
p: 816.221.3360 | f: 816.221.8298
NKCPL.org

APPLICATION FOR EMPLOYMENT

Please type or print in black or blue ink.

Date: _____

Last (print above)

First

Middle

Address (street, apt. #)

Phone (primary)

City, State, Zip Code

Phone

Email Address

Do you have the legal right to work permanently in the United States?

Yes No

List any other names under which you have been employed.

Is your age under 16?

Yes No

How were you referred to the Library? _____

Name any relative(s) employed by the Library: _____

Name

Relationship

Have you ever been employed by North Kansas City Public Library? Yes No

If yes, give the titles and dates of employment. _____

POSITION OBJECTIVE (write below)

For what position(s) or type of work are you applying?

Minimum salary requirement:

Are you interested in: (mark all that apply)

- Full-time Temporary Full-time
 Part-time Temporary Part-time
 Substitute

Tell briefly why you are interested in employment with the North Kansas City Public Library. _____

Hours Available:

| | Morning | Afternoon | Evening |
|-----------|--------------------------|--------------------------|--------------------------|
| Monday | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Tuesday | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Wednesday | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Thursday | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Friday | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Saturday | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Sunday | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

EMPLOYMENT RECORD

List all employment starting with the latest employer first and activities including self-employment for the past 10 years if possible. Account for periods of unemployment. Use additional paper if necessary.

LIST YOUR CURRENT OR MOST RECENT EMPLOYER FIRST

1. Name of Employer _____ Address _____

| | | |
|---|--------------------------|------------------------------------|
| Employed (mo/yr) From _____ To _____ | Name of Supervisor _____ | Phone _____ |
| Job Title _____ | Dept. _____ | Reason for Leaving; Please explain |
| Duties: _____ | | |

2. Name of Employer _____ Address _____

| | | |
|---|--------------------------|------------------------------------|
| Employed (mo/yr) From _____ To _____ | Name of Supervisor _____ | Phone _____ |
| Job Title _____ | Dept. _____ | Reason for Leaving; Please explain |
| Duties: _____ | | |

3. Name of Employer _____ Address _____

| | | |
|---|--------------------------|------------------------------------|
| Employed (mo/yr) From _____ To _____ | Name of Supervisor _____ | Phone _____ |
| Job Title _____ | Dept. _____ | Reason for Leaving; Please explain |
| Duties: _____ | | |

4. Name of Employer _____ Address _____

| | | |
|---|--------------------------|------------------------------------|
| Employed (mo/yr) From _____ To _____ | Name of Supervisor _____ | Phone _____ |
| Job Title _____ | Dept. _____ | Reason for Leaving; Please explain |
| Duties: _____ | | |

5. Name of Employer _____ Address _____

| | | |
|---|--------------------------|------------------------------------|
| Employed (mo/yr) From _____ To _____ | Name of Supervisor _____ | Phone _____ |
| Job Title _____ | Dept. _____ | Reason for Leaving; Please explain |
| Duties: _____ | | |

May we contact your previous employer at this time for a reference and verification? Yes No

After notification, may we contact your current employer for a reference and verification? Yes No

If needed, may we call you at your current place of employment? Yes No

EDUCATION

| | | | |
|--------------------------------|---|---|---|
| Check highest grade completed: | <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 Middle School | <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 High School | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6+ College |
|--------------------------------|---|---|---|

List all schools attended: high school and above, technical/vocational, college, business, military, etc.

| School (write below) | Credit Hours | Did you graduate? | Certification or Degree Received | Major Subject |
|---|--------------|---|----------------------------------|---------------|
| Name _____ _____ City _____ State _____ | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Name _____ _____ City _____ State _____ | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Name _____ _____ City _____ State _____ | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Name _____ _____ City _____ State _____ | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

Please list the state and type of your current driver's license State: _____ Type: _____
(some of our positions require that you hold a specific type).

SPECIAL SKILLS AND QUALIFICATIONS

Summarize special training, skills and proficiencies (i.e. typing, etc.): _____

List all computer software in which you are proficient and describe your level of competency: _____

List any honors, scholarships, fellowships, publications and thesis topics. _____

List foreign languages read, written or spoken (and indicate fluency.) _____

List any special courses or seminars taken within the last 5 years. _____

ACTIVITIES

List any activities and other information you feel would be of use in evaluation of your qualifications for the position you seek (e.g., professional assoc., positions in outside organizations). Do not list information revealing race, religion, color, national origin, sex, age or ancestry. _____

PROFESSIONAL REFERENCES

Please furnish the names and addresses of three people to whom you are not related and who can attest to your work performance.

Name

Occupation

Email Address

Business Address

Phone

Business Phone

Name

Occupation

Email Address

Business Address

Phone

Business Phone

Name

Occupation

Email Address

Business Address

Phone

Business Phone

Have you ever been convicted of a crime? (Exclude misdemeanors and Summary offenses) Yes No

If yes, please provide details: _____

PRE-EMPLOYMENT STATEMENT

I certify that the information given by me in this application is true and complete. I understand and agree that any false information, misrepresentation, or concealment of fact is sufficient grounds for either my immediate discharge without recourse or refusal of employment by the North Kansas City Public Library.

In consideration of my employment, I agree to conform to the rules and regulations of the North Kansas City Public Library, and my employment and compensation can be terminated with or without cause, and with or without notice, at any time, at the option of either the Library or myself. I understand that no manager or representative of North Kansas City Public Library, other than the Library Director or Board, has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing.

Applicant Signature

Date

Please supplement this record with a resume, references or any additional information that you feel will aid in our evaluation of your qualifications.

Thank you for your interest in the North Kansas City Public Library.