



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

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.***