



List any other specialized training, certifications, experience, or skills you feel we need to know about in considering your application: \_\_\_\_\_

A copy of the diploma or certificate will be required prior to hiring for all positions that require a high school diploma, GED, High school equivalency diploma, certifications, or a college degree.

**EMPLOYMENT HISTORY:** (List most recent employment first. Attach additional pages if necessary)

Employer's Name:	Telephone:
	E-mail:
Address:	Supervisor's Name/Title:
Dates Employed (Month/Year): From: To:	Your Job Title:
Ending Pay Rate:	Reason for Leaving:
Brief Description of Job Duties:	

Employer's Name:	Telephone:
	E-mail:
Address:	Supervisor's Name/Title:
Dates Employed (Month/Year): From: To:	Your Job Title:
Ending Pay Rate:	Reason for Leaving:
Brief Description of Job Duties:	

Employer's Name:	Telephone:
	E-mail:
Address:	Supervisor's Name/Title:
Dates Employed (Month/Year): From: To:	Your Job Title:
Ending Pay Rate:	Reason for Leaving:
Brief Description of Job Duties:	

The St. Charles Parish Library is an equal opportunity employer in accordance with local, state, and federal laws. All qualified applicants are considered without regard to their race, color, religion, gender, national origin, age, marital status, medical condition, or disability. All offers of employment are conditional upon passing all required examinations and lab tests, including a drug screen.

I certify that all answers given by me herein are true and complete to the best of my knowledge and belief, and that any omission or misstatement of material fact on this application shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery. I understand that this application is not intended to create a contract, and the employment relationship, if one is commenced, may be terminated at any time, with or without cause or notice, by either party. I hereby authorize the St. Charles Parish Library to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize my former employers to disclose to the library any and all of my employment records without giving me notice of such disclosure.

Signature \_\_\_\_\_

Date \_\_\_\_\_

***This application will remain in effect for six months. If you have not heard from the library after six months and you still wish to be considered for employment you will need to fill out and submit a new employment application.***