

Employment Application Instructions

Dear Applicant,

Thank you for your interest in employment with the Lewis & Clark Library.

Your completed application can be submitted to the following address by regular mail, email or by bringing it to the Main Branch of the library:

Patricia Sternberg, Administrative Manager
Lewis & Clark Library
120 S Last Chance Gulch
Helena, MT 59601
Email: tsberg@lclibrary.org

To be considered for a position with Lewis & Clark Library, please print or type your responses on the following *Application for Employment* form. All applicable sections must be completed. Please remember to sign and date the form. You may submit a resume, and other pertinent materials, in addition to the completed *Application for Employment*.

PLEASE NOTE: To be considered for a library position that has been advertised (see www.lclibrary.org) you must include a letter of interest, a completed library application, a resume and the names and contact information of three professional references.

If you are applying for more than one position, a separate application must be submitted for each position. Photocopies are acceptable with an original signature and date.

In order to comply with the US Department of Labor's Executive Order 12086, we request that you complete the *Recruitment/EEO Questionnaire* form, and submit it along with your completed *Application for Employment* form. As required by law, the questionnaire will be separated from your actual application material prior to processing the application.

We usually receive a large number of applications for each position. We will email an acknowledgment when we receive your application and notify you as soon as possible after a decision has been made either by email, letter or phone.

We wish you success with your employment endeavors!

Sincerely,

Patricia Sternberg, Administrative Manager

Application for Employment



It is the policy of the Lewis & Clark Library to provide opportunity for all qualified persons and not to unlawfully discriminate against any employee or qualified applicant for employment because of: race, color, ancestry, national origin, religion, sex, marital status, sexual orientation, disability, mental condition, age, or veteran status.

ATTENTION: Please read Employment Application Instructions before completing application.

Please type or print in ink and sign on page 4						
P E R S O N A L D A T A	Name: First		MI	Last	Date of Application:	
	Address:		City	State	Zip	Home/Cell Phone:
	Do you have the legal right to work in the US? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you under 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No	E-mail:			
	Have you ever used another name that would affect employment and education reference verification? If yes, give name(s):					
P O S I T I O N	<i>A separate application must be submitted for each position. Photocopies acceptable with an original signature and date.</i>					
	Position Desired:		<input type="checkbox"/> Temporary	<input type="checkbox"/> Full Time		
			<input type="checkbox"/> Substitute	<input type="checkbox"/> Part Time		
	State any schedule limitations to working at the library:					
	List location(s) at which you wish to work:					
Date available for work:						
E D U C A T I O N	Level of Education	Degree/Diploma	Area of Specialization		Completed or in Progress?	
	High School					
	College/University					
	Graduate/Professional					
	Other (Vocational, Tech, etc.)					
	Do you plan further education? <input type="checkbox"/> Yes <input type="checkbox"/> No		Type of course/program:			
Do you have a start date for your course(s)?		Hours Scheduled:				

Employment History

List most recent employment first. Account for all periods of time, including military service, volunteer work, and unemployment.

May we contact the employers listed below? Yes No

Indicate by number, those you do not wish us to contact: -----

Did you work for any of the employers listed under a different name? Yes No

If yes, indicate employer by number and name used: -----

1

Employer:	Supervisor:	Phone:
Address:		Employed (state month and year) From: To:
Job Title:		Total Hours Worked:
Describe your duties and responsibilities:		<input type="checkbox"/> Week <input type="checkbox"/> Month
		Reason for leaving:

2

Employer:	Supervisor:	Phone:
Address:		Employed (state month and year) From: To:
Job Title:		Total Hours Worked:
Describe your duties and responsibilities:		<input type="checkbox"/> Week <input type="checkbox"/> Month
		Reason for leaving:

3

Employer:	Supervisor:	Phone:
Address:		Employed (state month and year) From: To:
Job Title:		Total Hours Worked:
Describe your duties and responsibilities:		<input type="checkbox"/> Week <input type="checkbox"/> Month
		Reason for leaving:

4

Employer:	Supervisor:	Phone:
Address:		Employed (state month and year) From: To:
Job Title:		Total Hours Worked:
Describe your duties and responsibilities:		<input type="checkbox"/> Week <input type="checkbox"/> Month
		Reason for leaving:

Employment History continued

5	Employer:	Supervisor:	Phone:
	Address:		Employed (state month and year) From: To:
	Job Title:	Total Hours Worked: <input type="checkbox"/> Week <input type="checkbox"/> Month	
	Describe your duties and responsibilities:		Reason for leaving:
6	Employer:	Supervisor:	Phone:
	Address:		Employed (state month and year) From: To:
	Job Title:	Total Hours Worked: <input type="checkbox"/> Week <input type="checkbox"/> Month	
	Describe your duties and responsibilities:		Reason for leaving:
7	Employer:	Supervisor:	Phone:
	Address:		Employed (state month and year) From: To:
	Job Title:	Total Hours Worked: <input type="checkbox"/> Week <input type="checkbox"/> Month	
	Describe your duties and responsibilities:		Reason for leaving:

(If needed include additional sheets of Employment History. Be sure to provide all information requested in this section.)

Membership in Professional/Civic Organizations

(You may exclude those which may disclose: race, color, ancestry, national origin, religion, sex, marital status, sexual orientation, handicap, mental or medical condition, age, or veteran status.)

Professional References

Name:	Phone:	Address:	Occupation:	Time Known:

Additional Information

Use this space to list special, pertinent skills, abilities, accomplishments, and for any comments or information that may be helpful in reviewing your qualifications.

Applicant Read and Sign

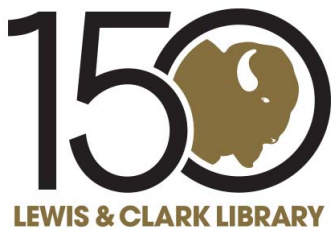
I hereby state that the information given by me in this application and other employment documents is true in all respects. I agree that if I am employed, and the information is found to be false in any respect, I will be subject to dismissal without notice at any time. I hereby authorize my former employers to release information pertaining to my work record, my work habits, and my work performance while in their employ. I also authorize the educational institutions, which I have entered on this application, to release information pertaining to my enrollment, GPA, and degree(s) obtained.

I understand and agree that any employee handbook or policy manual that I may receive will not constitute an employment contract, but will be merely a gratuitous statement of the Lewis & Clark Library's current policies which will not assure me of specific treatment in specific situations.

I understand and agree that if I am offered employment by the Lewis & Clark Library, I or the Lewis & Clark Library will have the right to terminate the employment relationship, at any time during my probationary period, with or without cause, and with or without notice. I also understand that this status can only be altered by a written contract of employment, which is specific as to all material terms and is signed by the Lewis & Clark Library Director.

Signed: _____ Date: _____

Print/Type Name: _____



Lewis & Clark Library
 120 S Last Chance Gulch
 Helena, MT 59601

Recruitment/EEO Questionnaire

Please Print or Type

Name: _____ Date: _____
 First Middle Initial Last

Position Applying For: _____ Position Code: _____

Source of Recruitment

Please identify the name of the newspaper, agency, etc. in the space provided

<input type="checkbox"/> 1. Print Advertisement _____ <input type="checkbox"/> 2. Walk-In (Location?) _____ <input type="checkbox"/> 3. Employee Referral _____ <input type="checkbox"/> 4. LCL Website _____ <input type="checkbox"/> 5. Other Internet Site _____	<input type="checkbox"/> 6. Public Employment Service _____ <input type="checkbox"/> 7. Career/Job Fair _____ <input type="checkbox"/> 8. Internal Posting _____ <input type="checkbox"/> 9. Other _____
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Equal Opportunity Information

The Lewis & Clark Library, as an Equal Opportunity / Affirmative Action employer, does not lawfully discriminate against any employee or qualified applicant for employment because of: race, color, ancestry, national origin, religion, sex, marital status, sexual orientation, disability, mental condition, age, or veteran status.

In order to comply with US Department of Labor’s Executive Order 12086 with regard to compliance and review, we need your cooperation in completing the following information. **All information will be held in strict confidence and will only be used for administrative reporting under Executive Order 12086.**

Thank you for your cooperation.

GENDER	ETHNICITY	AGE	PRESENCE OF DISABILITY	VETERAN STATUS
<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Asian <input type="checkbox"/> Black/African-American <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American or Alaska Native <input type="checkbox"/> Pacific Islander	<input type="checkbox"/> Over 40	Impairment, which substantially limits one or more of your life activities? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Veteran <input type="checkbox"/> Disabled Veteran <input type="checkbox"/> Vietnam Era Veteran

AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER