



Employment Application Instructions

Dear Applicant,

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

Please submit your completed application to:

Patricia Sternberg, Business Manager
Lewis & Clark Library
120 S Last Chance Gulch
Helena, MT 59601

To be considered for a position with Lewis & Clark Library, please print or type your responses on the *Application for Employment* form. All applicable sections must be completed. Please remember to sign and date the form. If the form is not signed and dated, your application will not be considered. 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.lewisandclarklibrary.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 accepted as long as the position desired and signature portions are appropriately inserted.

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, Business 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			SSN:	Date of Application:		
	Address:			City	State	Zip	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	Cell Phone / Pager:	E-mail:			
	Have you been convicted of a felony within the last 7 years? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain. A conviction does not constitute an automatic bar to employment.						
	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 <u>must</u> 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 limitations to your working schedule:						
	List location(s) at which you wish to work:						
Date available for work:			Salary Required:				
E D U C A T I O N	Schools Attended:	Name and Location:	Major Studies:	GPA:	Diploma/ Degree:	Years Completed:	
	High School						
	Associates Degree						
	Bachelors Degree						
	Masters Degree						
	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: <input type="checkbox"/> Week <input type="checkbox"/> Month
Describe your duties and responsibilities:		Pay: hour/week/month/annual Start: End:
		Reason for leaving:

2

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:		Pay: hour/week/month/annual Start: End:
		Reason for leaving:

3

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:		Pay: hour/week/month/annual Start: End:
		Reason for leaving:

4

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:		Pay: hour/week/month/annual Start: End:
		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:		Pay: hour/week/month/annual Start: End:
			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:		Pay: hour/week/month/annual Start: End:
			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:		Pay: hour/week/month/annual Start: End:
			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: _____

For Lewis & Clark Library use only:

Interviewed By: _____ Date: _____ Result: _____
Notified On (Date): _____ By: _____ For Position of: _____ Response: _____



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

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

AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER