

Cannon Falls Library

306 Mill St W

Cannon Falls, MN 55009

507.263.2804

Application for Employment

Position(s) applied for	Date of Application
How did you learn about us? ___ Newspaper Ad ___ Internet ___ Library flier (which library? _____) ___ Relative ___ Friend ___ Other _____	

Last name	First name	Middle name
Mailing address	City	State Zip code
Telephone number (s)		
Date available to work	Desired salary range	

If you are under 18 years of age, can you provide required proof of your eligibility to work?
 Yes No

Have you ever filed an application with us before?
 Yes No If yes, give date _____

Have you ever been employed with the Cannon Falls Library or the City of Cannon Falls?
 Yes No If yes, give date _____

Are any of your immediate family currently employed by the Cannon Falls Library?
 Yes No

Are you currently employed?
 Yes No

If yes, may we contact your present employer? Yes No

Are you prevented from lawfully becoming employed in this country because of visa or immigration status?
 Yes No
(Proof of citizenship or immigration status will be required upon employment)

Are you currently on "lay-off" status and subject to recall?
 Yes No

Applications for any and all positions should be made to the Library Director at the above address.

Tennessen Warning

In accordance with the Minnesota Governmental Data Practices Act, the Cannon Falls Library/City of Cannon Falls is required to inform you of your rights as they relate to private information collected from you. Private data is information which is available to you, but not the public. The personal information we collect about you is private. Minnesota Statutes 13.04 and 13.43 are two sections that govern what affects you as an applicant for employment with the Cannon Falls Library/City of Cannon Falls. All data collected is considered private except the following:

1. Your veteran status
2. Relevant test scores
3. Your rank on our eligibility test
4. Your job history
5. Your education and training
6. Your work availability

Your name is considered private information; however, if you are selected to be interviewed as a finalist, your name becomes public information.

The data supplied by you may be used for such other purpose as may be determined to be necessary in the administration of personnel policies, rules, and regulations of the Cannon Falls Library/City of Cannon Falls. Refusal to supply requested information will mean that your application for employment may not be considered.

Private data is available only to you, to appropriate Library/City employees and elected officials, and others as provided by state and federal laws who have a bona fide need for the data. Public data is available to anyone requesting it and consists of all data furnished in the application for employment which is not designated in this notice as private data.

I declare that I have read and understand the information given above regarding the Minnesota Data Practices Law.

Applicant's signature

Date

Education

	Name and address of school	Course of Study	Years Completed	Diploma Degree
Elementary School				
High School				
Undergraduate College				
Graduate College				
Other (Specify)				

Please describe any specialized training, apprenticeships, or skills relevant to the job for which you are applying.

Please list professional, trade, business, school, or civic activities and offices held.

Employment Experience

Please begin with your present or most recent employer. List all jobs, paid or volunteer, over the past ten years. Include any experience prior to ten years that relates to this position. Your qualifications will be evaluated on the information provided on this form and, if applicable, any supplemental questionnaire forms.

Employer		Dates employed		Work Performed
		From	To	
Address				
Telephone number (s)		Pay rate		
		Start	End	
Job title	Supervisor			
Reason for leaving				
Employer		Dates employed		Work Performed
		From	To	
Address				
Telephone number (s)		Pay rate		
		Start	End	
Job title	Supervisor			
Reason for leaving				
Employer		Dates employed		Work Performed
		From	To	
Address				
Telephone number (s)		Pay rate		
		Start	End	
Job title	Supervisor			
Reason for leaving				
Employer		Dates employed		Work Performed
		From	To	
Address				
Telephone number (s)		Pay rate		
		Start	End	
Job title	Supervisor			
Reason for leaving				

Additional Information

Specialized Skills

Please place a mark next to each type of equipment or software for which you are proficient.

Computer

PC

Mac

Chromebook

Software – MS Office

Word

Excel

PowerPoint

Publisher

Software - Other (please list)

Word processing _____

Spreadsheet _____

Presentation _____

Desktop publishing _____

Database _____

Windows applications _____

Mobile Devices

Apple

Android

Kindle

Nook

Windows

Library Catalog

As a library user at the library (name library _____)

As a library user from home (name library _____)

As a library staff (name ILS _____)

Office Equipment

Multi-line telephone

Copier

Printer

Scanner

Laminator

Library Equipment

Barcode scanner

Disc cleaner

Die cut machine

Paper cutter

Audio-Visual

Microfilm

DVD player

Multimedia

Tablet

Equipment

reader

projector

Please provide any other information you feel may be helpful to us in considering your application.

Note to applicants:

DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in said job or occupation? A review of the activities involved in such a job or occupation has been given.

Yes No

Availability

Place an "X" in the corresponding square for any day/time you would normally not be available to work. Note that, in addition to current operating hours, this chart includes some hours the library is staffed but not open and some hours for possible expansion of open hours.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
8:00 AM						
8:30 AM						
9:00 AM						
9:30 AM						
10:00 AM						
10:30 AM						
11:00 AM						
11:30 AM						
12:00 PM						
12:30 PM						
1:00 PM						
1:30 PM						
2:00 PM						
2:30 PM						
3:00 PM						
3:30 PM						
4:00 PM						
4:30 PM						
5:00 PM						
5:30 PM						
6:00 PM						
6:30 PM						
7:00 PM						
7:30 PM						
8:00 PM						
8:30 PM						

References

Please provide references, including at least two people who have supervised you in a work or volunteer situation. If this job would be your first such experience, please provide the names of two teachers, coaches, etc. in lieu of work/volunteer references.

Name	Phone
Address	
Relationship (i.e. former supervisor, coach, neighbor)	
Name	Phone
Address	
Relationship (i.e. former supervisor, coach, neighbor)	
Name	Phone
Address	
Relationship (i.e. former supervisor, coach, neighbor)	

Applicant's Statement

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I understand that this application for employment shall be considered active for a period of time not to exceed 365 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether applications are being accepted at that time. I further understand that completion of a revised application form or additional pages may be requested as needed to have similar data for all applicants under consideration.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge the Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Applicant's signature

Date

Veteran's Preference

You may be asked to provide proof of the Veteran's Preference you claim before you are hired.

General

To qualify for Veteran's Preference, you must meet all the following criteria:

1. Have separated under honorable conditions from any branch of the armed forces of the United States.
2. Have served on active duty for 181 consecutive days or more OR for the full period ordered to active duty OR have separated by reason of disability incurred while serving on active duty.
3. Be a United States citizen OR resident alien.

If you meet all the criteria above, check the appropriate box(es) below:

- I am a non-disabled veteran.
- I am a disabled veteran with a currently existing, compensable, service-connected disability as judged by the U.S. Veteran's Administration or by the Retirement Board of the Branches of Armed Forces.
- I am a widow/widower (not remarried) of a deceased veteran.
- I am the spouse of a disabled veteran who is unable to qualify because of the disability.

I understand that false or misleading information given on this application may result in discharge. I understand that I may be required to show proof of information given.

Applicant's signature

Date