



St. Martin PARISH LIBRARY

EMPLOYMENT APPLICATION

WE CONSIDER APPLICANTS FOR ALL POSITIONS WITHOUT REGARD TO RACE, COLOR, RELIGION, CREED, GENDER, NATIONAL ORIGIN, AGE, HANDICAP, GENETICS OR DISABILITY, SEXUAL ORIENTATION, MARITAL OR VETERAN STATUS, OR ANY OTHER CHARACTERISTIC PROTECTED BY FEDERAL, STATE, OR LOCAL LAWS, EXCEPT WHERE SEX OR ANY CHARACTERISTIC IS A BONA FIDE OCCUPATIONAL QUALIFICATION.

Applicant Information

Name

Address

City

State

Zip

Phone Number

Mobile Number

Email Address

Are You Legally Eligible to Work in the U.S.?

Yes ☐ No ☐

If the position requires driving between library branches, do you have a valid driver's license and insurance, and a clear driving record? Yes ☐ No ☐

Has your license ever been suspended, revoked, or canceled? Yes ☐ No ☐

Do you have transportation to work at any of the St. Martin Parish Library Locations? Yes ☐ No ☐

Position

Position You Are Applying For

Available Start Date

Desired Compensation

Employment Desired

☐ Full Time

☐ Part Time

☐ Seasonal/Temporary

How did you learn about the position?

Will this be secondary employment? Yes ☐ No ☐

Name of Referral

Education Please indicate education or training which you believe qualifies you for the position you are seeking. List certifications, licenses and professional memberships.

School Name	Location	Degree Received	Major

Employment/Military History/Volunteer Experiences, Most Recent First

Employer	Job Title	Dates Employed	
Work Phone	Starting Pay	Ending Pay	
Address	City	State	Zip
Reason for leaving:	Supervisor:		
Duties:			

Employer	Job Title	Dates Employed	
Work Phone	Starting Pay	Ending Pay	
Address	City	State	Zip
Reason for leaving:	Supervisor:		
Duties:			

Employer	Job Title	Dates Employed	
Work Phone	Starting Pay	Ending Pay	
Address	City	State	Zip
Reason for leaving:	Supervisor:		
Duties:			

Employment/Military History/Volunteer Experiences, Continued

Employer	Job Title	Dates Employed	
Work Phone	Starting Pay	Ending Pay	
Address	City	State	Zip
Reason for leaving:	Supervisor:		
Duties:			

Employer	Job Title	Dates Employed	
Work Phone	Starting Pay	Ending Pay	
Address	City	State	Zip
Reason for leaving:	Supervisor:		
Duties:			

Employer	Job Title	Dates Employed	
Work Phone	Starting Pay	Ending Pay	
Address	City	State	Zip
Reason for leaving:	Supervisor:		
Duties:			

Certifications

I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

I understand that this application is not a contract and if hired by St. Martin Parish Library my employment will not be guaranteed for any specified period of time. I understand that St. Martin Parish Library is an at-will employer, and I may resign, or St. Martin Parish Library may terminate my employment, at any time for any reason, with or without cause and with or without notice.

If I become employed by St. Martin Parish Library I agree to be reliable and to perform my job at the highest quality level.

I give permission and authority to a drug screen and to conduct a due diligent investigation and reference check into my past and current activities as indicated by accompanying authorization.

I have read, understand, and by my signature consent to these statements.

Applicant Signature

Date
