Rock Hill Public Library

9811 Manchester Road

St. Louis, MO 63119

314-962-4723

EMPLOYMENT APPLICATION: Teen Intern Summer 2023

The Rock Hill Public Library welcomes you as an applicant for employment. Your application will be considered with others in competition for the position in which you are interested. It is our policy to provide equal employment opportunities to all. Individuals are evaluated and selected solely on the basis of their qualifications. Applications will be kept on file for one year.

Please furnish complete and accurate information so that we can properly evaluate your application. The use of false or misleading information, or the omission of important facts, may be grounds for immediate dismissal. Information provided herein may be subject to later verification and/or testing. You may attach to this application any additional information that helps explain your qualifications.

(Please print clearly or type). All information provided on this employment application will be kept confidential.

PERSONAL INFORMATION

|  |  |  |  |
| --- | --- | --- | --- |
| Last Name | First Name | Middle Name | Previous Name |
|  |  |  |  |
| Present Address | City | State | Zip |
|  |  |  |  |
| Permanent Address | City | State | Zip |
|  |  |  |  |
| Residence Telephone | Cell Phone |
|  |  |
| Email Address |
|  |

EMPLOYMENT DESIRED

|  |  |  |
| --- | --- | --- |
| Position | Date Available | Salary Desired |
| Summer Intern |  |  |

Are You Employed Yes No May we call at work? Yes No Business Telephone

Have you applied and/or interviewed here before? Yes No If yes, when? (Date)

Position applied/interviewed for:

Do you have any relatives employed by the Rock Hill Public Library? Yes No

Name

Job Title

EDUCATION

|  |  |  |  |
| --- | --- | --- | --- |
| Name and Location of School | Years Attended | Did You Graduate? | Subjects Studied |
| High School |  |  |  |
| College or University |  |  |  |
| College or University |  |  |  |
| Other (Trade, Business, etc.) |  |  |  |

SPECIAL SKILLS

|  |  |
| --- | --- |
| Public Library |  |
| Customer Service |  |
| Computer Applications |  |
| Windows Computers |  |
| Macintosh Computers |  |

Indicate any other relevant experience:

MILITARY SERVICE AND STATUS

|  |  |
| --- | --- |
| Selective Service Classification |  |
| Branch of Service |  |
| Date of Entry into the Armed Forces |  |
| Date of Release |  |
| Rank at Time of Separation |  |

EMPLOYMENT HISTORY

Please give accurate, complete full-time and part-time employment record. Start with present or most recent employer.

|  |  |
| --- | --- |
| Company Name | Address |
|  |  |
| Telephone | Job Title |
|  |  |
| Employment Type (Circle One) | Employed (State Month and Year) |
| Full Time Part Time | From To |
| Salary | Reason for Leaving or Desire to Leave |
| Amount □ Hourly □ Monthly □ Yearly |  |
| Name of Supervisor | May We Contact Him/Her? |
|  | Yes □ No □ |

|  |
| --- |
| List your duties/responsibilities, beginning with the duty that consumed the greatest  proportion of your time |
|  |

|  |  |
| --- | --- |
| Company Name | Address |
|  |  |
| Telephone | Job Title |
|  |  |
| Employment Type (Circle One) | Employed (State Month and Year) |
| Full Time Part Time | From To |
| Salary | Reason for Leaving or Desire to Leave |
| Amount □ Hourly □ Monthly □ Yearly |  |
| Name of Supervisor | May We Contact Him/Her? |
|  | Yes □ No □ |

|  |
| --- |
| List your duties/responsibilities, beginning with the duty that consumed the greatest  proportion of your time |
|  |

|  |  |
| --- | --- |
| Company Name | Address |
|  |  |
| Telephone | Job Title |
|  |  |
| Employment Type (Circle One) | Employed (State Month and Year) |
| Full Time Part Time | From To |
|  |  |
| Salary | Reason for Leaving or Desire to Leave |
| Amount □ Hourly □ Monthly □ Yearly |  |
| Name of Supervisor | May We Contact Him/Her? |
|  | Yes □ No □ |

|  |
| --- |
| List your duties/responsibilities, beginning with the duty that consumed the greatest  proportion of your time |
|  |

REFERENCES

Please provide the name, address and telephone number of three references.

|  |  |  |
| --- | --- | --- |
| Name | Address | Phone |
|  |  |  |
|  |  |  |
|  |  |  |

List professional, trade, business or civic activities and offices held. (Exclude those which indicate race, color, religion, sex or national origin):

|  |
| --- |
|  |

ALL QUESTIONS AND EXPLANATIONS MUST BE COMPLETED TO BE ELIGIBLE.

Other than minor traffic offenses for speeding, parking violations, etc., have you ever been convicted of any criminal offenses? Yes □ No □

If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Conviction of a crime is not an automatic bar to employment. The library will consider the nature of the offense, the date of the offense, and the relationship between the offense and the position for which you are applying.

Have you ever been involuntarily terminated from employment? Yes □ No □

If yes, please give the name and location of the employer, the date and reasons for the termination.

|  |
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|  |

PLEASE READ BEFORE SIGNING:

1. I hereby certify that all statements herein are true and complete and authorize investigation of all information contained in this application.

I understand that my present employer will not be contacted for employment verification until I have become one of the finalists for the position for which I am applying and only with my consent.

2. Organizations and persons named herein are authorized to give information regarding me and they are hereby released from all liability for issuing such information.

3. I understand that misrepresentation or omission of facts called for herein shall be sufficient cause for cancellation of consideration for employment or dismissal if I have been employed.

4. I understand that my position with Rock Hill Public Library may be contingent upon my passing background checks.

5. Furthermore, it is understood that this application and records become the property of the Rock Hill Public Library which reserves the right to accept or reject them.

6. I further agree to observe all rules, regulations, and policies of the library.

DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNATURE OF APPLICANT \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

RETURN THIS APPLICATION TO:

Erin Phelps, Director

Rock Hill Public Library

9811 Manchester Road

St. Louis, MO 63119

ephelps@rhplmo.org