



**WORK EXPERIENCE** (start with present or most recent employer)

- 1) EMPLOYER: \_\_\_\_\_ Dates employed: \_\_\_\_\_  
 Address: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
 Title & duties: \_\_\_\_\_  
 Supervisor's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ May we contact?  Yes  No
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- 2) EMPLOYER: \_\_\_\_\_ Dates employed: \_\_\_\_\_  
 Address: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
 Title & duties: \_\_\_\_\_  
 Supervisor's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ May we contact?  Yes  No
- 
- 3) EMPLOYER: \_\_\_\_\_ Dates employed: \_\_\_\_\_  
 Address: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
 Title & duties: \_\_\_\_\_  
 Supervisor's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ May we contact?  Yes  No
- 
- 4) EMPLOYER: \_\_\_\_\_ Dates employed: \_\_\_\_\_  
 Address: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
 Title & duties: \_\_\_\_\_  
 Supervisor's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ May we contact?  Yes  No

Account of periods of unemployment greater than three months:

**PERSONAL REFERENCES** If you have not worked in the last five years, list three personal references (non-relatives).

NAME	ADDRESS	PHONE NUMBER	RELATIONSHIP

**CONDITIONS OF EMPLOYMENT:**

The Library may make a thorough investigation of the applicant's entire work history and may verify all information given. The applicant releases from liability any person who provides such information. Falsification of data or deliberate omission of a fact by the applicant, or information discovered as a result of this investigation may prevent the applicant from being hired, or if hired, may subject the applicant to dismissal. Applicant may be required to take a physical examination, which may include a drug/alcohol test, at library expense at any time to determine if applicant is physically fit for the job he/she is to perform. This is an application for employment and no employment contract is being offered or inferred. LPL and City of La Crosse are equal opportunity employers.

*I understand the above conditions of employment.*

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For OFFICE USE ONLY

Position: \_\_\_\_\_ Interviewed by: \_\_\_\_\_ Date: \_\_\_\_\_  
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ADDITIONAL INFORMATION (INCLUDING CLASS SCHEDULE)