

**Viking Library System**  
1915 West Fir Avenue, Fergus Falls, MN 56537  
Application for Employment

Date \_\_\_\_\_

**1. Personal Data**

Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
\_\_\_\_\_

Home Phone \_\_\_\_\_

Alternate Phone \_\_\_\_\_

Are you either a U.S. citizen or legally eligible to hold employment in the United States? \_\_\_\_yes \_\_\_\_no

Do you have or will you be able to obtain a valid Minnesota driver's license? \_\_\_\_yes \_\_\_\_no

**2. Education**

High School:

Name of School \_\_\_\_\_ Location \_\_\_\_\_

Degree/Major \_\_\_\_\_ Date of Graduation \_\_\_\_\_

College:

Name of School \_\_\_\_\_ Location \_\_\_\_\_

Degree/Major \_\_\_\_\_ Date of Graduation \_\_\_\_\_

Graduate School:

Name of School \_\_\_\_\_ Location \_\_\_\_\_

Degree/Major \_\_\_\_\_ Date of Graduation \_\_\_\_\_

Other:

Name of School \_\_\_\_\_ Location \_\_\_\_\_

Degree/Major \_\_\_\_\_ Date of Graduation \_\_\_\_\_

**3. Position Desired**

Title of position for which you are applying \_\_\_\_\_

How much notice would you need before you could start? \_\_\_\_\_

#### ***4. Employment History***

List all work experience beginning with the most recent.

Employer Name \_\_\_\_\_

Employer Address \_\_\_\_\_

Job Title \_\_\_\_\_

Job Duties \_\_\_\_\_

Dates of Employment \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

May we contact your current employer?                      yes                      no

Employer Name \_\_\_\_\_

Employer Address \_\_\_\_\_

Job Title \_\_\_\_\_

Job Duties \_\_\_\_\_

Dates of Employment \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Employer Name \_\_\_\_\_

Employer Address \_\_\_\_\_

Job Title \_\_\_\_\_

Job Duties \_\_\_\_\_

Dates of Employment \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

*(If you need more space, please attach a separate sheet)*

#### ***5. Special Needs***

Do you have any physical condition or liability that may limit your ability to perform the job applied for?

If yes, what can be done to accommodate your limitations? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

I understand that by submitting this application I am confirming the truthfulness of the information provided herein.