

Applicant Information

Full Name: _____ **Date:** _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP code

Phone: () - **E-mail Address:** _____

Date Available: _____ **Desired Salary/Hourly Rate:** \$ _____

Position Applied For: _____

How did you learn of this position? _____

Yes No

Are you at least 18 years of age?

Are you authorized to work in the U.S.? (If hired you will be required to provide proof of work authorization)

Have you ever worked for this company? **If yes, when?** _____

Education

High School: _____
Address: _____ **Did you graduate?** Yes No
(city, st.)

College: _____
Address: _____ **Did you graduate?** Yes No
(city, st.)
From: _____ **To:** _____ **Degree:** _____
(mm/yyyy) (mm/yyyy)

College: _____
Address: _____ **Did you graduate?** Yes No
(city, st.)
From: _____ **To:** _____ **Degree:** _____
(mm/yyyy) (mm/yyyy)

Other: _____
Address: _____ **Did you graduate?** Yes No
(city, st.)
From: _____ **To:** _____ **Degree:** _____
(mm/yyyy) (mm/yyyy)

References

Please list three professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: () - _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: () - _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: () - _____

Address: _____

Previous Employment

Company: _____

Address: _____

Supervisor: _____ Phone: (_____) _____ - _____

Job Title: _____

Responsibilities: _____

From: _____ To: _____ \$
(mm/yyyy) (mm/yyyy)

Reason for Leaving: _____

May we contact your previous supervisor for a reference? Yes No

Company: _____

Address: _____

Supervisor: _____ Phone: (_____) _____ - _____

Job Title: _____

Responsibilities: _____

From: _____ To: _____
(mm/yyyy) (mm/yyyy)

Reason for Leaving: _____

May we contact your previous supervisor for a reference? Yes No

Company: _____

Address: _____

Supervisor: _____ Phone: (_____) _____ - _____

Job Title: _____

Responsibilities: _____

From: _____ To: _____
(mm/yyyy) (mm/yyyy)

Reason for Leaving: _____

May we contact your previous supervisor for a reference? Yes No

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain:

Disclaimer and Signature

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.

Signature: _____ Date: _____

This application is not an employment contract and is not intended to create an employment relationship of any definite duration. If this application leads to employment, absent any written agreement for a definite term, I understand my employment is at will, which means that either I or the Library may terminate the employment relationship at any time for any reason.

Please submit your completed application with a resume and cover letter to:

Linda Hall Library
Attention: Personnel
5109 Cherry Street
Kansas City, MO 64110
Phone: 816-363-4600
Fax: 816-923-8790
personnel@lindahall.org

**EQUAL EMPLOYMENT OPPORTUNITY DATA
VOLUNTARY APPLICANT SELF-ID FORM**

Linda Hall Library is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, Linda Hall Library invites applicants to voluntarily self-identify their race or ethnicity. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information obtained will be kept confidential and, separate from your application and will only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual.

Name:		<input type="radio"/> Male <input type="radio"/> Female
Location:	Position Applied For:	
Date:	Referral Source:	
<p>Race and Ethnic Identification:</p> <p>Are you Hispanic or Latino? (<i>Hispanic or Latino is defined as a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.</i>)</p> <p> <input type="radio"/> Yes <input type="radio"/> No </p> <p>If your answer to the previous question was "no," please identify what race(s) you consider yourself to be:</p> <p> <input type="checkbox"/> White (Not Hispanic or Latino) - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa. </p> <p> <input type="checkbox"/> Black or African American (Not Hispanic or Latino) - A person having origins in any of the black racial groups of Africa. </p> <p> <input type="checkbox"/> Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino) - A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands. </p> <p> <input type="checkbox"/> Asian (Not Hispanic or Latino) - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam. </p> <p> <input type="checkbox"/> American Indian or Alaska Native (Not Hispanic or Latino) - A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment. </p> <p> <input type="checkbox"/> Two or More Races (Not Hispanic or Latino) - All persons who identify with more than one of the above five races. </p>		
<p>Decline Self Identification: If you do not wish to self identify, please check the box below.</p> <p> <input type="checkbox"/> I do not wish to provide this information. </p>		