

**SOUTH CENTRAL LIBRARY SYSTEM
DELIVERY SERVICE
EMPLOYMENT APPLICATION**

(Please print or type all information and return to SCLS Delivery, 1601 Gilson St., Madison, WI 53715-2127)

NAME: _____

PRESENT ADDRESS: _____

HOME PHONE: _____

OTHER PHONE: _____

MAILING ADDRESS: _____

E-mail _____

Please indicate which types of employment interest you:

- Hours** _____ regular (full-time)
 _____ regular (part-time)
 _____ temporary (full-time) until _____
 _____ temporary (part-time) until _____

Are you at least 18 years of age? _____

Do you have access to reliable transportation to travel to work? _____

If applying for a driver position:

Do you have a valid driver's license? _____

Have you attached a copy of your driving record to your application? _____

NOTE: In order to complete the application process, you must submit a copy of your driving record.

Wisconsin: You may obtain a Wisconsin driving record for a fee by calling the Wisconsin Department of Transportation at (608) 261-2566 to receive a mail-in driving record request form.

Other States: Please contact your state's Dept. of Transportation to obtain a copy of your driving record.

Please note: You may fax your driving record to the South Central Library System at (608) 266-4881. Note, if hired you will be required to obtain a regular Wisconsin Driver's License.

Do you have any pending criminal charges or have you ever been convicted of any violations of law other than minor traffic violations? _____ If so, please list all pending criminal charges and all criminal convictions, indicating the date and location of the charge or conviction.

As a matter of policy and in accordance with applicable state and local law, SCLS does not use or consider pending criminal charges or criminal convictions in making hiring decisions unless the circumstances of the pending charge or conviction are substantially related to the circumstances of the particular job of the individual is not bondable under a standard fidelity or an equivalent bond when bondability is required for the particular job. If there are extenuating circumstances of which you believe SCLS should be aware, please state below or on an attached sheet.

REFERENCES (Optional)

Name Address Phone

Name Address Phone

Name Address Phone

Please list any organization to which you belong or have belonged and any honors or awards you have received that you regard as relevant to the job or jobs for which you are applying:

EDUCATION AND TRAINING

Indicate highest grade or year (K-12) completed in school: _____ Do you have GED equivalency? Yes/No

Name and location of high school: _____ Diploma Received? Yes/No

Training beyond high school (college or university, nursing, business college, or other schools you have attended.) Under credits earned, indicate Q for quarter hours and S for semester hours.

Circle the number of years in college or university: 1 2 3 4 5 6 7 8

Name And Location	Credits Earned	Major Field	GPA Base	Degree Conferred? Yes/No
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Describe any education or training you have had which is not covered above, such as vocational school, correspondence course, service schools, in-service training, or volunteer work which you feel is relevant to the job or jobs for which you are applying. Also include relevant licenses or certificates:

WORK EXPERIENCE

Please use the following page to provide a complete description of your work experience. This information will be used to determine if your application is accepted. Start with your most recent job. Be certain to include service in the armed forces. For part-time work, show the average number of hours per week. Indicate any changes in job title under same employer as a separate position.

May we communicate with your present employer? _____ yes _____ no

ADDITIONAL WORK EXPERIENCE

You may also attach a separate sheet with additional pertinent information.

↓Employer	↓Kind of Business	↓Location (City/State)
<hr/>		
↓Your Title	↓Reason for Leaving	↓Name/Phone # of Supervisor
<hr/>		
↓Your Duties		
<hr/>		
↓Average Number of Hours per Week	↓From (mo./yr.) - To (mo./yr.)	↓Hourly Wage
_____ full-time _____ part-time		Beginning/Ending

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<hr/>		
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<hr/>		
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_____ full-time _____ part-time		Beginning/Ending

AVAILABILITY

Date available to begin employment: _____ Preferred number of hours scheduled per week _____

Please shade in the hours from Monday through Saturday below in which you would be **available** to work in the event of temporary staff rescheduling due to requests for time off, illness, or other unexpected events.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
6:30 a.m.						
7:00 a.m.						
7:30 a.m.						
8:00 a.m.						
8:30 a.m.						
9:00 a.m.						
9:30 a.m.						
10:00 a.m.						
10:30 a.m.						
11:00 a.m.						
11:30 a.m.						
12:00 Noon						
12:30 p.m.						
1:00 p.m.						
1:30 p.m.						
2:00 p.m.						
2:30 p.m.						
3:00 p.m.						
3:30 p.m.						
4:00 p.m.						
4:30 p.m.						
5:00 p.m.						
6:00 p.m.						
7:00 p.m.						
8:00 p.m.						

Effective: From (mo./yr.) - To (mo./yr.) _____

CERTIFICATION STATEMENT:

Please sign and date the following statement:

I certify that all answers to questions in this application are true, and I agree that any misstatements or omissions of material fact will cause forfeiture on my part of all rights to any employment with SCLS.

Signature

Date

**SUPPLEMENTAL APPLICATION
DRIVING INFORMATION**

(Note: Only driving applicants need to fill out this side,
ALL applicants must fill out the other side of this supplemental application)

NAME: _____

1. Do you hold a valid Wisconsin motor vehicle operator's or chauffeur's license?

Yes _____ No _____ Number _____ Valid until _____

2. Have you held a license in any other state in the past three years?

Yes _____ No _____ Number _____ Valid until _____

Explain: _____

3. Have you had a conviction for driving while intoxicated within the past five years?

Yes _____ No _____

4. Do you presently have any traffic violations pending? Yes _____ No _____

Explain: _____

5. How many traffic tickets (not parking tickets) have you received in the past five years? _____

Explain: _____

6. How many traffic accidents have you had in the past five years? _____

Explain: _____

7. In accordance with the Commercial Motor Vehicle Safety Act of 1986, an individual is not allowed to operate a commercial motor vehicle if he/she holds more than one license; or if his/her license has been revoked, suspended, or cancelled.

a. Has your license been revoked, suspended, or cancelled? Yes _____ No _____

If yes, explain: _____

b. Do you presently hold more than one valid driver's license?

If yes, explain: _____

c. Have you ever been disqualified as a driver under the Commercial Motor Vehicle Safety Act?

Yes _____ No _____ If yes, explain: _____

8. The Commercial Motor Vehicle Safety Act of 1986 may disqualify you as a driver if you use illegal drugs. Commonly abused prohibited drugs are marijuana, cocaine, amphetamines, opiates, and phencyclidine (PCP). In view of this information, please answer the following question: Do you now use or have you within the past year

used such a drug? Yes _____ No _____

If yes, explain : _____

SUPPLEMENTAL APPLICATION
PHYSICAL CONDITION INFORMATION

For this position, it is required that you possess certain physical capabilities. Check the appropriate boxes below that you feel reflect the physical activities in which you can routinely engage without harm to yourself or fellow employees.

1. Lifting: _____ 50 lbs. _____ 75 lbs. _____ 100 lbs. or more
Pushing: _____ 50 lbs. _____ 75 lbs. _____ 100 lbs. or more
2. Ability to perform heavy manual labor for extended periods of time: Yes _____ No _____
3. Do you have difficulty:
- | | | |
|-----------|----------|--|
| Yes _____ | No _____ | Rotating back |
| Yes _____ | No _____ | Rotating shoulders |
| Yes _____ | No _____ | Rotating hips |
| Yes _____ | No _____ | Bending |
| Yes _____ | No _____ | Stooping |
| Yes _____ | No _____ | Kneeling |
| Yes _____ | No _____ | Lifting or pulling |
| Yes _____ | No _____ | Standing for long periods of time |
| Yes _____ | No _____ | Coordinating movements of both feet and hands with each limb performing
an unrelated task |
| Yes _____ | No _____ | Flexing (bending) ankles |
| Yes _____ | No _____ | Flexing (bending) knees |
| Yes _____ | No _____ | Flexing (bending) arms |
| Yes _____ | No _____ | Exerting strong pressure with legs |
| Yes _____ | No _____ | Extension (straightening) of leg at the hip |
| Yes _____ | No _____ | Using hands and arms to pull hard to left or right |

4. Explain any areas of difficulty listed above: _____

5. Do you have any condition that would limit your dexterity, range of motion, or ability?
Explain: _____

6. Do you have any condition which is chronic, recurrent, or that would limit your ability to perform any and/or all functions required of a Driver, a Loader, or a Sorter?
Explain: _____

7. Have you ever been treated by a physician or chiropractor for a back problem or injury?
Yes _____ No _____

SUPPLEMENT CERTIFICATION STATEMENT (Please read, sign, and date the following statement):

I understand this Supplement is part of my formal application. I certify that all answers in this supplement to my application are true and the information can be verified, if necessary, through persons I have named or can name as references, past or present employers, or physicians. I agree that any misstatements or omissions of material fact will cause forfeiture on my part of all rights to any employment with SCLS.

Signature

Date

Name: Please print

