



Genoa City Public Library
126 Freeman St. PO Box 727
Genoa City, WI 53128
www.genoacity.lib.wi.us
T: (262) 279-6188
F: (262) 279-3665

Employment Application

Genoa Public Library does not discriminate on the basis of race, creed, color, ethnicity, nation of origin, sex, sexual orientation, gender expression, age, height, weight, physical or mental ability, veteran status, military obligations, or marital status.

Applicant Information:

Name: _____
(Last) (First) (Middle Initial)

Date of Birth: _____

Address: _____
(Street Address) (Apartment/Unit #)

(City) (State) (Zip Code)

Phone #: _____ Email: _____

Are you citizen of the United States? ____ Yes ____ No

If no, are you authorized to work in the United States? ____ Yes ____ No

Have you ever worked for GCPL or Village of Genoa City? ____ Yes ____ No

If you answered yes to the above question, when did you work here? _____

Education:

Name of High School: _____ City/State _____

Did you graduate? _____ Yes _____ No; Graduation Year: _____

Name of College/University: _____ City/State _____

Did you graduate? _____ Yes _____ No; Graduation Year _____

Degree Earned: _____

Other Institution: _____ City/State _____

Did you graduate? _____ Yes _____ No; Graduation Year: _____

Degree or certificate earned: _____

Previous Employment (most recent first):

Name of Employer _____

Address: _____

Supervisor _____ Phone Number _____

Supervisor's email _____

Job Title: _____

Starting Wage: _____ End Wage _____

Responsibilities:

Years at employer _____ Reason for leaving: _____

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

Name of Employer _____

Address: _____

Supervisor _____ Phone Number _____

Supervisor's email _____

Job Title: _____

Starting Wage: _____ End Wage _____

Responsibilities:

Years at employer _____ Reason for leaving: _____

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

Name of Employer _____

Address: _____

Supervisor _____ Phone Number _____

Supervisor's email _____

Job Title: _____

Starting Wage: _____ End Wage _____

Responsibilities:

Years at employer _____ Reason for leaving: _____

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

References (Please list three professional references):

Name _____ Relationship _____

Address _____

Email _____ Phone _____

Name _____ Relationship _____

Address _____

Email _____ Phone _____

Name _____ Relationship _____

Address _____

Email _____ Phone _____

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 _____