

## **Liberty Hill Public Library District**

Street: 355 Main Street Mailing: PO Box 1072 Liberty Hill, Texas 78642

(512) 778-6400 librarian@lhpl.org

Please complete a signed copy of this application, a cover letter, and resume, to librarian@lhpl.org. You can direct any questions or communications to the same email address.

Complete this application carefully. If the information you submit is incorrect, it may disqualify you as a candidate for employment and it may be considered a basis for termination if discovered at a later date. Reasonable accommodation is available to permit applicants to participate in the job application process, please inform us of any needed accommodation.

| Date Application Submitted  |                 |               |
|---|-----------------|---------------|
| Name  |                 |               |
| Address   |                 |               |
| PhoneEmail  |                 |               |
|   | Full-Time       | Part-Time     |
| Position Applying For   | Summer - Seasor | nal Part-Time |
| Have you ever applied to Liberty Hill Public Library District (LHPLD) before?                                       | Yes             | No            |
| Have you ever been employed by the LHPLD?   | Yes             | No            |
| If you answered yes, please list the dates of prior employment  |                 |               |
| Are you currently employed?   | Yes             | No            |
| If yes, may we contact your present employer?   | Yes             | No            |
| Do you have customer service experience?  | Yes             | No            |
| Have you ever worked in any type of library before?<br>Prior library experience is not necessary for this position. | Yes             | No            |
| Are you eligible to work in the United States? Proof of eligibility will be required upon employment.               | Yes             | No            |
| Are you at least 18 years of age?   | Yes             | No            |
| Have you graduated from high school or obtained a GED?  | Yes             | No            |
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| Do you have relatives employed by or serving on   | the board of LHPLD?  | Yes           | No     |
|---|--|---------------|--------|
| Are you fluent in any languages other than Englis   |  | Yes           | No     |
| If you answered yes, please list which languag  | ge(s)  |               |        |
| Do you have any limitations on lifting or bending?  | ?  | Yes           | No     |
| If the answer is yes, please explain those lin  | nitations:   |               |        |
|   | aded guilty or no contest to,  | Yes           | <br>No |
| If yes, please explain  |  |               |        |
| What date would you be available to start training This position requires working a variety of day, we on the needs of the library for that day. Will you l     | eekend, and evening hours, based   |               |        |
| Availability Please list the hours that you are available to work Monday-Thursday, between 9:00am-5:00pm Frid Sunday. Please note that special events and progr | k. Library shifts are scheduled between<br>lay, 8:00am-4:00pm Saturday, and 12:0 | 00pm-1:00pm o |        |
| Monday  | Friday   |               |        |
| Tuesday   | Saturday   |               |        |
| Wednesday   | Sunday   |               |        |
| Thursday  |  |               |        |
| ost-Secondary Education & Certified Training  |  |               |        |

Please list any post-secondary degrees, education, or certifications.

| Area of Study or Certification | Institution | Degree, Level Completed, or Certification |
|--------------------------------|-------------|---|
|                                |             |   |
|                                |             |   |
|                                |             |   |

## **Employment Record**

Please document employment and/or military service for the past ten years, starting with the most recent. You may attach additional sheets if more room is needed. You may include volunteer experience that is relevant to the position.

| Employer   | Dates of Employment                         |  |  |
|--|---|--|--|
| Job Title  | Name of supervisor                          |  |  |
| Check One: Full-Time Part-Time  Why did you leave this position? | Is it okay to contact this employer? Yes No |  |  |
| vviry ala you leave this position:                               |   |  |  |
| Employer   | Dates of Employment                         |  |  |
| Job Title  | Name of supervisor                          |  |  |
| Check One: Full-Time Part-Time Why did you leave this position?  | Is it okay to contact this employer? Yes No |  |  |
| Employer   | Dates of Employment                         |  |  |
| Job Title  | Name of supervisor                          |  |  |
| Check One: Full-Time Part-Time Why did you leave this position?  | Is it okay to contact this employer? Yes No |  |  |

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## **Professional References**

Please list three references including contact information. By listing these references you give LHPLD permission to contact them. References should be professional and able to speak to your work history and performance. References should not be relatives or partners.

| Name of Reference | Occupation                |
|-------------------|---------------------------|
| <br>Company       | Relationship to Applicant |
| Email Address     | Work Phone Number         |
| Name of Reference | Occupation                |
| Company           | Relationship to Applicant |
| Email Address     |                           |
| Name of Reference | Occupation                |
| Company           | Relationship to Applicant |
| Email Address     | Work Phone Number         |
|                   |                           |

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| OPTIONAL: Additional Comments  Additional comments are optional, but f you would like, you may take this opportunity to provide additional comments or information that you would like to share. You may list any strengths and skills that you feel will be particularly relevant to this position. Please note that if this information is listed on your resume, you may refer us to that document. You may also attach an additional sheet.   |  |  |  |
|---|--|--|--|
| Liberty Hill Public Library District is an Equal Opportunity Employer and its policies prohibit discrimination against any applicant on the basis of gender, age, religion, race, marital status, sexual orientation, body size, veteran's status, national origin, or disability in regard to employment.  |  |  |  |
| Do you grant permission to the Liberty Hill Public Library District to run a criminal Yes No history check? Please initial and date below.  |  |  |  |
| Your Initials Date  |  |  |  |
| By signing this application, I am certifying that all foregoing statements as well as those on any portion of this employment application packet are to the best of my knowledge true, complete, and correct and and they are all given of my own free will. I am authorizing Liberty Hill Public Library District to investigate my personal and educational background in order to assess my qualifications and suitability for this position. I am authorizing and releasing all persons and organizations from liability relating to the release or disclosure of information that they may request. Furthermore, I agree that any falsification, misrepresentation, omission of information, or misstatement(s) as to material facts may result in disqualification from appointment, constitute grounds for unfavorable consideration or dismissal from employment. |  |  |  |
| Unsigned or incomplete applications will not be accepted. Please email the completed application, your resume, and cover letter to librarian@lhpl.org or you may mail all paperwork to the address listed on this application.  |  |  |  |

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Date\_\_\_\_\_

Signature\_\_\_\_\_