

**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: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PRIMARY PHONE: \_\_\_\_\_

SECONDARY PHONE (if applicable): \_\_\_\_\_

E-mail: \_\_\_\_\_

Are you at least 18 years of age? \_\_\_\_\_

Do you have access to reliable transportation to travel to work? \_\_\_\_\_

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 copy of your driving record from the Wisconsin DOT by visiting their web site at [www.wisconsin.gov](http://www.wisconsin.gov)  
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.

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)

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Name	Address	Phone
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Name	Address	Phone
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Name	Address	Phone
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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.)

Indicate the number of years in college or university: \_\_\_\_\_

Name and location	Credits Earned	Major Field	GPA Base	Degree conferred?
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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) \_\_\_\_\_

Your title \_\_\_\_\_ Reason for leaving \_\_\_\_\_

Name/Phone # of Supervisor \_\_\_\_\_ Average # of hours/week \_\_\_\_\_

From (mo/yr) \_\_\_\_\_ to (mo/yr) \_\_\_\_\_ Hourly wage starting \_\_\_\_\_ ending \_\_\_\_\_

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Employer \_\_\_\_\_ Kind of Business \_\_\_\_\_ Location (city/state) \_\_\_\_\_

Your title \_\_\_\_\_ Reason for leaving \_\_\_\_\_

Name/Phone # of Supervisor \_\_\_\_\_ Average # of hours/week \_\_\_\_\_

From (mo/yr) \_\_\_\_\_ to (mo/yr) \_\_\_\_\_ Hourly wage starting \_\_\_\_\_ ending \_\_\_\_\_

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Employer \_\_\_\_\_ Kind of Business \_\_\_\_\_ Location (city/state) \_\_\_\_\_

Your title \_\_\_\_\_ Reason for leaving \_\_\_\_\_

Name/Phone # of Supervisor \_\_\_\_\_ Average # of hours/week \_\_\_\_\_

From (mo/yr) \_\_\_\_\_ to (mo/yr) \_\_\_\_\_ Hourly wage starting \_\_\_\_\_ ending \_\_\_\_\_

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Employer \_\_\_\_\_ Kind of Business \_\_\_\_\_ Location (city/state) \_\_\_\_\_

Your title \_\_\_\_\_ Reason for leaving \_\_\_\_\_

Name/Phone # of Supervisor \_\_\_\_\_ Average # of hours/week \_\_\_\_\_

From (mo/yr) \_\_\_\_\_ to (mo/yr) \_\_\_\_\_ Hourly wage starting \_\_\_\_\_ ending \_\_\_\_\_

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Employer \_\_\_\_\_ Kind of Business \_\_\_\_\_ Location (city/state) \_\_\_\_\_

Your title \_\_\_\_\_ Reason for leaving \_\_\_\_\_

Name/Phone # of Supervisor \_\_\_\_\_ Average # of hours/week \_\_\_\_\_

From (mo/yr) \_\_\_\_\_ to (mo/yr) \_\_\_\_\_ Hourly wage starting \_\_\_\_\_ ending \_\_\_\_\_

**AVAILABILITY**

Date available to begin employment: \_\_\_\_\_ Desired number of part-time 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. (Saturday availability is required.)

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
6:30am						
7:00am						
7:30am						
8:00am						
8:30am						
9:00am						
9:30am						
10:00am						
10:30am						
11:00am						
11:30am						
12:00 noon						
12:30pm						
1:00pm						
1:30pm						
2:00pm						
2:30pm						
3:00pm						
3:30pm						
4:00pm						
4:30pm						
5:00pm						
5:30pm						
6:00pm						
6:30pm						

Effective: From (mo./yr.) - To (mo./yr.) \_\_\_\_\_

**CERTIFICATION STATEMENT:**

Please sign and date the following statement:

I certify that all answers to the 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 (Part 1)

The Delivery Driver position requires qualified candidates to be able to:

- Repeatedly lift containers weighing up to 60 pounds to a height of up to 5 feet
- Occasionally lift containers weighing up to 80 pounds to a height of up to 5 feet
- Push a wheel-assisted weight of up to 350 pounds, sometimes over uneven surfaces and in adverse weather conditions
- Pull a wheel-assisted weight of up to 350 pounds, sometimes over uneven surface and in adverse weather conditions
- Safely climb into and out of vehicles which requires a step up/down of up to 3 feet
- Manipulate containers weighing up to 60 pounds while in a stooped or crouched position
- Stand and walk on a hard surface while carrying heavy objects for extended periods of time (up to 8 hours)

Are you able to safely perform all such job duties as listed above? Yes  No

Explain any duties that you cannot perform or would have difficulty safely performing

Note: SCLS will provide reasonable accommodation for qualified individuals with disabilities who request assistance in the application process or in performing their job unless doing so would result in undue hardship. Applicants or employees in need of reasonable accommodation should contact the Human Resources & Finance Coordinator.

### **SUPPLEMENTAL APPLICATION CERTIFICATION STATEMENT**

Please sign and date the following statement:

I understand that **both** Supplements (part one and part two) are part of my formal application. I certify that all answers in this supplement to my application are true and, and I agree that any misstatements or omissions of material fact will cause forfeiture on my part of all rights to employment with SCLS.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

**SUPPLEMENTAL APPLICATION (Part 2)**

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 ever been revoked, suspended, or cancelled? Yes \_\_\_ No \_\_\_

If yes, explain: \_\_\_\_\_

b. Do you presently hold more than one valid driver's license? Yes \_\_\_ No \_\_\_

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 :