

LAKE TRAVIS COMMUNITY LIBRARY DISTRICT  
1938 LOHMANS CROSSING  
AUSTIN, TX 78734  
PHONE: 512-263-2885  
FAX: 512-535-3044  
www.laketravislibrary.org  
librarian@laketravislibrary.org



## EMPLOYMENT APPLICATION

Please use care in preparing this application. If the information you submit is incorrect, it may disqualify you from consideration for employment and may be considered a basis for termination if discovered at a later date. Do not omit any item. Reasonable accommodation is available to permit applicants to participate in the job application process. Please advise of any accommodation you feel is needed.

POSITION \_\_\_\_\_ DATE \_\_\_\_\_

NAME Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_

ADDRESS Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_ EMAIL \_\_\_\_\_

Have you ever applied with the Lake Travis Community Library District (LTCLD) before? YES NO

Have you ever been employed by the LTCLD? YES NO

Are you currently employed? YES NO

If yes, may we contact your present employer? 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

When would you be available to start work? \_\_\_\_\_

## EDUCATIONAL INFORMATION

Name of Institution (include city/state)	Did you graduate?		Degree/Diploma	Major/Minor
	YES	NO		

Please indicate if you can speak, read, and/or write Spanish and to what proficiency level:

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## REFERENCES

List three personal references, not a former employer or a relative, who have known you well for at least three years.

NAME	EMAIL	TELEPHONE	YEARS KNOWN
1.			
2.			
3.			

## EMPLOYMENT EXPERIENCE

Begin with the current or most recent employer. List all work experience for the past five years. Attach additional sheets if necessary.

EMPLOYER	PHONE	DATES EMPLOYED
ADDRESS		SUPERVISOR'S NAME
CITY	STATE ZIP	SUPERVISOR'S POSITION
JOB TITLE		MAY WE CONTACT?
WORK PERFORMED		STARTING SALARY
REASONS FOR LEAVING		FINAL SALARY

EMPLOYER	PHONE	DATES EMPLOYED
ADDRESS		SUPERVISOR'S NAME
CITY	STATE ZIP	SUPERVISOR'S POSITION
JOB TITLE		MAY WE CONTACT?
WORK PERFORMED		STARTING SALARY
REASONS FOR LEAVING		FINAL SALARY

EMPLOYER	PHONE	DATES EMPLOYED
ADDRESS		SUPERVISOR'S NAME
CITY	STATE ZIP	SUPERVISOR'S POSITION
JOB TITLE		MAY WE CONTACT?
WORK PERFORMED		STARTING SALARY
REASONS FOR LEAVING		FINAL SALARY

**SKILLS AND QUALIFICATIONS**

*Summarize training, special job-related skills, qualifications, licenses, and/or certifications acquired that may qualify you for the position for which you are applying.*

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*State any additional information you feel may be helpful to us in considering your application.*

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**NOTE TO APPLICANT:**

**Do not answer this question unless you have been informed about the requirements of the job for which you are applying.**

Are you capable of performing the essential functions of the job for which you have applied with reasonable accommodation?      YES      NO

## APPLICANT STATEMENT

**Please read the following statement carefully and indicate your understanding and acceptance by signing in the space provided.**

I certify that all information I have provided in order to apply for and secure work with the Lake Travis Community Library District (LTCLD) is true, complete and correct. I understand that false, misleading, or omitted information provided in my application or interview(s) may be sufficient cause for cancellation of this application and/or separation from LTCLD service if I become employed. I further understand that any offer of employment tendered to me is contingent upon my agreement to abide by all rules, regulations, and policies of the LTCLD. I am aware that my application is subject to the Texas Public Information Act and could be released as a public document.

I understand the LTCLD is an Equal Opportunity Employer and does not discriminate in employment decisions on any unlawful basis. No question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state, or federal law.

I understand a criminal history background check will be conducted as a condition of employment with the LTCLD. I understand if I am required to operate a LTCLD owned vehicle, a driver's record check will be performed at my time of hire and annually thereafter.

I authorize the LTCLD the right to investigate all statements contained in this application for employment as may be necessary in arriving at an employment decision. I hereby release the employer and its representatives from any and all liability for seeking such information and all other persons, corporations, or organizations for furnishing such information.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with the Lake Travis Community Library District is "at will," which means that I may resign at any time and the LTCLD may discharge me at any time with or without cause and without prior notice. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized official of the Lake Travis Community Library District.

I certify that I have read, fully understand, and accept all terms of the foregoing Applicant Statement.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

This application will be held active for a period of six months from the date of receipt and may be extended only by written request.