



Date: _____

Employment Application

PLEASE PRINT

Personal Information:

Last Name _____ First Name _____ Middle Initial _____

Street Address _____ City _____

Home Phone _____ Email Address _____

Type of position desired _____ Full-Time _____ Part-Time _____

Are you at least 18 years of age? Yes No

Are you a U.S. citizen? Yes No

If under 18 years of age, give birth date _____

Are you authorized to work in the U.S.?
Yes No

Education and Training Record:

Are you a high school graduate? Yes No

Name of high school _____

Are you attending school now? Yes No If yes, where _____

If attending school now, what is your expected date of graduation? _____

Name of Technical School, College or University	Location of School	Major, Minor, or Concentration	Degree or Certificate Earned

Availability:

Number of hours per week you can work _____

Please indicate below when you are available:

Monday Tuesday Wednesday Thursday Friday Saturday

Do you work now? Yes No

Will you continue if employed at the library? Yes No

Other Skills / Assets:

Computer Experience? Yes No

Customer Service Experience? Yes No

Other _____

Required hours

All employees are required to work some evenings and weekends. Are you able to meet this attendance requirement? Yes No

Why do you want to work at the library?

References (Not Relatives):

Name	Address	Telephone	Relationship

Employment History:

Start with your current or most recent job, including military duty. Include full-time, part-time, summer and temporary employment. Additional employment history may be attached.

Employer Name _____ Start Date _____ End Date _____

Street Address _____ City _____ State _____ Zip Code _____

Position Title _____

Reason for leaving _____

Description of duties, responsibilities, and equipment operated _____

May we contact this employer? Yes No

Supervisor's Name _____ Phone _____

Employer Name _____ Start Date _____ End Date _____

Street Address _____ City _____ State _____ Zip Code _____

Position Title _____

Reason for leaving _____

Description of duties, responsibilities, and equipment operated _____

May we contact this employer? Yes No

Supervisor's Name _____ Phone _____

Employer Name _____ Start Date _____ End Date _____

Street Address _____ City _____ State _____ Zip Code _____

Position Title _____

Reason for leaving _____

Description of duties, responsibilities, and equipment operated _____

May we contact this employer? Yes No

Supervisor's Name _____ Phone _____

For Library Use Only:

Date appointed _____

Position Classification _____

Part Time Full Time

Pay Rate \$ _____

Comments: _____

Affidavit 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: _____