



Give the names of three responsible persons, who are not related to you and who can recommend you as to personality, character, training and ability.

NAME	ADDRESS	TELEPHONE NO.
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Education. Please complete even if resume attached.

School	Name of School and Location	Major/Degree	Did you graduate?	Presently Attending?	Credits Earned
High School					
College, university or technical school					
College, university or technical school					
Other					

List all previous employment for the past 10 years. Attach additional sheets if necessary. Start with your present or last job.

From (month & year)	Title of position held:	Phone Number:	Last salary (indicate yearly, monthly or hourly):
To (month & year)	Employer (Company Name):	Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/>	Name and title of supervisor:
Hours each week:	Address:	Reason for leaving or considering change:	
Primary Duties:			

From (month & year)	Title of position held:	Phone Number:	Last salary (indicate yearly, monthly or hourly):
To (month & year)	Employer (Company Name):	Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/>	Name and title of supervisor:
Hours each week:	Address:	Reason for leaving:	
Primary Duties:			

From (month & year)	Title of position held:	Phone Number:	Last salary (indicate yearly, monthly or hourly):
To (month & year)	Employer (Company Name):	Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/>	Name and title of supervisor:
Hours each week:	Address:	Reason for leaving:	
Primary Duties:			

May we refer to your present and previous employers?  Yes  No Why? \_\_\_\_\_

List special qualifications, certificates or technical training: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

I hereby declare that the foregoing statements are true, complete and correct to the best of my knowledge and belief. I understand and agree that any misstatements, omissions or falsification may result in disqualification or removal from a library position.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

THIS APPLICATION WILL REMAIN ACTIVE FOR 6 MONTHS