WINNEFOX LIBRARY SYSTEM

Application for Substitute Library Assistant

APPLICANT INFORMATION																	
Last Name							First					M.I.		Date	e		
Street Ad	dress								Apartment/Unit #								
City		State					ZIP										
Phone	E-mail A	mail Address															
Date Avai	ilable																
Position Applied for																	
Are you a	o 🗆	If no	If no, are you authorized to work in the U.S.? YES \Box							NO 🗌							
Have you ever been convicted of a felony? YES D							C 🗌	If ye	If yes, explain								
Do you have a valid driver's license? YES D							D 🗌										
EDUCATION																	
High Scho	loc	I A															
From		To Did you graduate?		YES 🗌		NO		Degree									
College						A	dress										
From		To Did you graduate?		YI	ES 🗌	NO		Deg	ree								
Other						A	dress										
From	To Did you graduate?				YI	S 🗌	NO Degree										
EMPLOYMENT																	
Company						Pho	ne										
Address				Supervisor													
Job Title S								alary	\$	\$ Ending Salary \$							
Responsibilities																	
From To Reason for Leaving																	
May we contact your previous supervisor for a reference? YES NO																	
Company		Phone															
Address			Supervisor														
Job Title S								Starting Salary			\$ Er			alary	\$		
Responsit	oilities						-	•						-			
From																	
	ontact vo				a reference?		YES		NO								
	Shuce yo		tious supe			•	113		NU								

SirsiDynix EXPERIENCE

Explain, in detail, your experience with the SirsiDynix system. Attach a separate sheet of paper if more room is needed.

DISCLAIMER 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

Applications should be mailed to:

Winnefox Library System Administration Office 106 Washington Avenue Oshkosh WI 54901