

APPLICATION FOR EMPLOYMENT

Library Page Position

Days are Monday-Thursday, 2 hours each day. What times are you available? _____

PERSONAL INFORMATION			
Last Name	First Name	Middle	
Address	City	State	Zip
Home Phone:	Cell	Email address:	
Social Security Number:			
Are you a U.S. Citizen?	[] Yes [] No		
Have you ever been convicted a felony?	[] Yes [] No		
If selected for employment are you willing to submit to a pre-employment drug screening test?	[] Yes [] No		

EDUCATION				
Institution Name	Location	Years Attended	Degree Received	Major

Other training, certifications or licenses held: _____

EMPLOYMENT	
Employer:	Dates Employed:
Work Phone:	Pay Rate: \$ _____ to _____
Address:	
City:	State: _____ Zip: _____
Position:	
Duties Performed:	
Supervisors Name and Title:	
Reason for leaving:	
May we contact them?	[] Yes [] No

REFERENCES			
Name	Title	Company	Phone

Acknowledgement and Authorization

I certify that all answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge.

Signature of Applicant _____ Date _____