

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Position Applied for: _____

Are there any hours or days you are unavailable to work? If so, please list below:

If employed, can you provide proof of authorization to work in the U.S.? YES NO

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

References

Please list three professional references (continued on back).

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Previous Employment

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title & Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title & Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title & Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Supplemental Information

Please answer the following questions by attaching a separate page.

1. Why do you want to work at Dominy Memorial Library?
2. What do you believe is the value or purpose of libraries?
3. What is your definition of customer service?

Disclaimer and Signature

I certify that all of my answers given here are true and complete to the best of my knowledge and that supplying false information herein shall result in immediate disqualification for consideration for employment or termination from employment, regardless of when such false information is discovered. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision, and I understand that neither this document nor any offer of employment constitutes an employment contract unless a specific document to that effect is executed by the employer and employee in writing.

Signature: _____ Date: _____

Applications will be kept on file for 1 year from the date listed on the application.