

ADULT APPLICATION FOR EMPLOYMENT

All statements and questions must be completed. All answers will be considered confidential. Please use a typewriter or print clearly in ink. DATE

DATE:____

PERSONAL INFORMATION	
FULL NAME:	
ADDRESS:	
HOME PHONE: SOCIAL SECURITY #:	_
Do you have any physical condition that might limit your ability to perform the particular job for which you YES NO	are applying?
If YES, please describe such condition and explain how you can perform the job for which you are applyir	ng in spite of it.

EDUCATION			
Name and Location	Highest Grade Completed Or Degree/Major/Minor	Did You Graduate?	
High School/G.E.D.		YES NO	
College			
Other			

		•			
Please list below,	beginning with t	he most recent	all vour nast	and present	employment
	beginning with t		an your pas	and present	cimpioyincin.

EXPERIENCE					
Name of Employer	Date Started	Date Left	Salary	Position Held	Reason for leaving
Can you type? YES NO Do you have any computer experience? Please describe.					

Approximate speed_____ Programs used_____

Please list below business, professional, and character references (not relatives).

REFERENCES			
Name	Address	Phone	

PLEASE READ CAREFULLY

If employed, I agree to hold in strictest confidence any information concerning the library and its personnel which may come to my knowledge.

I understand that my probationary period is for a total period of six months; and if I am not adaptable to the work assignment, my employment may be terminated.

I understand that completion of this application for employment does not guarantee that I have been hired by the library.

I hereby affirm that my answers to these statements and questions are true and correct to the best of my knowledge. I have not knowingly withheld any fact or circumstances that would, if disclosed, affect my application unfavorably.

SIGNED:_____

LIBRARY USE ONLY

Position:

_____Rate:_____Date hired:____