



## APPLICATION FOR EMPLOYMENT

**Position: Library Assistant**

**DATE:** \_\_\_\_\_

### PERSONAL INFORMATION

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Alternate Phone: \_\_\_\_\_

In case of emergency, notify: \_\_\_\_\_

Have you read and understood the job description for Library Assistants (see attached)?

☐ Y or ☐ N

Do you have any physical limitations which would require special accommodations to enable you to carry out essential functions of the position as given in the job description? ☐ Y or ☐ N

If yes, please describe: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PERSONAL REFERENCES:** Please give two references, other than relatives.

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

### SCHEDULE

The Library Assistant will work a set schedule to be modified as needed .

## EDUCATION

| TYPE OF SCHOOL              | NAME OF SCHOOL | LOCATION | DEGREE/DIPLOMA<br>(or years completed) |
|-----------------------------|----------------|----------|--|
| High School                 |                |          |  |
|                             |                |          |  |
| College/University          |                |          |  |
|                             |                |          |  |
| Vocational/Other<br>School: |                |          |  |
|                             |                |          |  |

## WORK EXPERIENCE

Please list your previous work experience, beginning with your most recent job held. Attach additional sheets if necessary.

Name of Employer: \_\_\_\_\_ Employment Dates: \_\_\_\_\_  
 Address: \_\_\_\_\_ Position Held: \_\_\_\_\_  
 City, State, Zip: Phone: \_\_\_\_\_ May we contact this  
 Reason for Leaving: \_\_\_\_\_ employer? ☐ Yes ☐ No  
 List duties performed, and skills used or learned: \_\_\_\_\_

Name of Employer: \_\_\_\_\_ Employment Dates: \_\_\_\_\_  
 Address: \_\_\_\_\_ Position Held: \_\_\_\_\_  
 City, State, Zip: Phone: \_\_\_\_\_ May we contact this  
 Reason for Leaving: \_\_\_\_\_ employer? ☐ Yes ☐ No  
 List duties performed, and skills used or learned: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Employment Dates: \_\_\_\_\_

Address: \_\_\_\_\_

Position Held: \_\_\_\_\_

City, State, Zip: Phone: \_\_\_\_\_

May we contact this

Reason for Leaving: \_\_\_\_\_

employer? ☐ Yes ☐ No

List duties performed, and skills used or learned: \_\_\_\_\_

Use the space below to highlight any additional experience, skills, knowledge, and personal attributes that make you uniquely suited to this position:

I hereby certify that the information given by me is true and correct to the best of my knowledge.

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