

Clinton Public Library

Application for Employment

General Information

Date

Name	
Address	
Phone	Email

Position

Are you 18 years or older?	Are you legally entitled to work in the U.S.?	Date you can start?
Position or type of employment desired?		
Are you employed now?	If so, may we contact your present employer?	
Have you ever worked in a library?	Where?	When?

Education and Training

High School Graduate or General Education (GED) Test passed? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If no, please list the highest grade completed				
High School, College, Business School, Military (Most recent first)				
Name and Location	Dates Attended Month/Year	Graduate	Degree and Year	Major or Subject
Occupational License, Certificate or Registration	Number	Where Issued		Expiration Date
Occupational License, Certificate or Registration	Number	Where Issued		Expiration Date
Languages Read, Written or Spoken Fluently Other than English				

Veteran Information

Branch of Service	Date of Entry	Date of Discharge
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Special Skills

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Employment (most recent first)

Dates Employed	Employer	Telephone Number ()
From	Address	
To	Job Title	Number of Employees Supervised
Specific Duties		
Reason for leaving		May we contact this employer?

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References Give the names of three persons not related to you, whom you have known at least one year.

Name	Telephone	Years Acquainted

It is understood and agreed upon that any misrepresentation by me in this application will be sufficient cause for cancellation of this application and or dismissal from the employer's service if I have been employed.

I give the employer the right to investigate all references and to secure additional information about me, if job related. I hereby release from liability the employer and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

I understand that just as I am free to resign at any time, the employer reserves the right to terminate my employment at any time, with or without cause and without prior notice. I understand that no representative of the employer has the authority to make assurances to the contrary.

Signature of applicant _____ Date _____