



### APPLICANT INFORMATION

Position Applied For					Date		
Last Name				First		M.I.	
Street Address				City		ZIP	
Phone				E-mail			
How did you hear about this position?		<input type="checkbox"/> Library Website		<input type="checkbox"/> Poster in Library		<input type="checkbox"/> Walk-in	<input type="checkbox"/> Other:
Referred by:							
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Have you ever worked for this library?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?				

### AVAILABILITY

	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
MORNING							
AFTERNOON							
EVENINGS							

### EDUCATION

High School				Location			# Years Attended	Graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>
College				Location				
# Years Attended			Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Major			
Other				Location				
# Years Attended			Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Major			

### REFERENCES

Name			Relationship		
Email			Phone		
Name			Relationship		
Email			Phone		
Name			Relationship		
Email			Phone		

**PREVIOUS EMPLOYMENT**

Employer					Supervisor					
Address					Phone					
Job Title					Hourly Rate/Salary	\$				
Responsibilities										
From		To		Reason for Leaving						
May we contact your previous supervisor for a reference?					YES <input type="checkbox"/>		NO <input type="checkbox"/>			
Employer					Supervisor					
Address					Phone					
Job Title					Hourly Rate/Salary	\$				
Responsibilities										
From		To		Reason for Leaving						
May we contact your previous supervisor for a reference?					YES <input type="checkbox"/>		NO <input type="checkbox"/>			
Employer					Supervisor					
Address					Phone					
Job Title					Hourly Rate/Salary	\$				
Responsibilities										
From		To		Reason for Leaving						
May we contact your previous supervisor for a reference?					YES <input type="checkbox"/>		NO <input type="checkbox"/>			

**MILITARY SERVICE**

Branch					From		To	
Rank at Discharge					Type of Discharge			
If other than honorable, explain								

**DISCLAIMER AND SIGNATURE**

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

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release. I further certify that I may lawfully be employed in this country, and if employed will provide required documentation to verify identity and employment eligibility. I hereby authorize my current and/or former employer(s) and school (s) to furnish the information requested by the Fremont Public Library.

Signature

Date