JOB APPLICATION

PINCKNEY COMMUNITY PUBLIC LIBRARY 125 Putnam Street Pinckney MI 48169

Date of Interview
Personnel Officer
Director

Phone: 734-878-3888 Fax: 734-878-2907

Name									
Street /	Last First Address			Middle Initia	Middle Initial				
City		State	Zip	Phone	Email				
1.	Title of position for which you are applying								
2.	Have you ever been employed by a library?								
3.	What is your social security number?								
4.	Are you a citizen of the United States?								
Circle F Name a Did you Date you	pace is needed, attach and Location of last school graduate? Yes Note that a quit or graduated Mass College, trade	ed: Grammar Sc High School pool attended:	shool – 3 4 5 6 7 – 9 10 11 12						
school <u>,</u> Name	night school or other.	Subject	Length of Course	Number of Classes/ Hours Per Week	Did you complete?	Date Completed?			
	& Location of e/University	Major	Minor	Degree (s) Received	Dates Attended	Date Graduated			

Give title, number, date of issue, and expiration date of any occupational license, registration, certificate, or journeyman's card, which you hold.

Give drivers license number and/or chauffeur's license number if applicable Was any of the education or experience claimed on this application obtained under a name other then the one used on this application? Yes No If so, under what name?										
										Have you ever been convicted (that is fined, placed on probation, sentenced to jail or prison, or given a suspended sentence) for any violation of law other than minor traffic violations? Yes No A conviction does not necessarily prevent employment. Each case is considered on its own merits. A false answer, however, may result in disqualification or termination. If you answer is "yes", explain fully on an additional sheet, or your application will be rejected.
Experience Account for all your tin you are applying. If m Periods not worked me sheets. For "Your duti the page.	ore then one positions also be indicate	on was held und ed (military servic	er the same employ ce, unemployed, etc.	er, describe each pos). If more space is no	sition separately. eeded attach additional					
Employer				From	To					
Street Address										
City		S	State Zip	Phone#						
Street Address City Your Title Starting Salary Your Duties	Last Salary	Hours Wo	orked Per Week							
Reason For Leaving										
Employer_ Street Address		From	To							
Street Address City Your Title Starting Salary Your Duties	State Last Salary	Zip Hours Wo	Phone# orked Per Week							
Reason For Leaving										
EmployerStreet Address		From	To							
	State	Zip	Phone#							
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Your Duties	Last Galary									
Reason For Leaving										
Certificate of Applica any misstatement of m agree my employmen option of either the L the Pinckney Commu	naterial facts containt and compensat ibrary or myself, i unity Public Librai	ned in this applic ion can be term it being unders	cation may be groun ninated with or with tood that the emplo	ds for termination. If out cause or notice byment relationship	further expressly at any time, at the between myself and					
Date	Signatui	re								