

Ogema

Public Library

Please Print.

LAST NAME	FIRST NAME	MIDDLE INITIAL

PRESENT ADDRESS _____		
STREET		

CITY	STATE	ZIP
HOME PHONE _____ OTHER PHONE _____		

POSITION APPLYING FOR OR TYPE OF WORK DESIRED: _____

DATE AVAILABLE TO START: _____ FULL-TIME OR PART-TIME? _____

PERMANENT OR TEMPORARY WORK? _____ IF TEMPORARY, FOR HOW LONG? _____

DAYS/HOURS AVAILABLE: _____

ARE YOU AT LEAST 16 YEARS OF AGE? _____

DO YOU HAVE A VALID DRIVER'S LICENSE? _____ IF YES, LICENSE # AND STATE: _____

EDUCATION AND TRAINING:

Circle the highest grade or year completed in school	Name & location of high school	If you did not complete High School, do you have a GED equivalency?
1 2 3 4 5 6 7 8 9 10 11 12		Yes _____ No _____

TRAINING BEYOND HIGH SCHOOL (College or University, Business College or other schools you have attended. Circle the number of years in College or University. 1 2 3 4 5 6 7 8)

NAME AND LOCATION	DATES ATTENDED From To	CREDITS EARNED	MAJOR FIELD	GPA	DEGREE CONFERRED AND YEAR

Describe any education or training you have had which is not covered above, such as vocational school, correspondence courses, service schools, in-service training, or volunteer work which you feel is relevant to the job or jobs for which you are applying. Also, include relevant licenses or certificates. Be specific.

Please list any organization to which you belong or have belonged and any honors or awards you have received that you regard as relevant to the job or jobs for which you are applying.

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WORK EXPERIENCE:

Provide a complete description of the last four positions/jobs held even if you also submit a resume. This information will be used to determine if your application is accepted. Be specific. Start with your most recent job. BE CERTAIN TO INCLUDE SERVICE IN THE ARMED FORCES. For part-time work, show the average number of hours per week. Indicate any changes in job title under same employer as a separate position.

Employer	Kind of Business	Location (City & State)
Your Title	Reason for Leaving	Name of Supervisor
Please list your job duties.		Dates Employed
		From (Month & Year) To (Month & Year)

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Your Title	Reason for Leaving	Name of Supervisor
Please list your job duties.		Dates Employed
		From (Month & Year) To (Month & Year)

You may attach a separate sheet with additional pertinent information.

MAY WE COMMUNICATE WITH YOUR PRESENT EMPLOYER? _____ Yes _____ No