Eastern Shore Public Library Employment Application

Eastern Shore Public Library PO Box 25 Parksley, VA 23421

		Applicant I	nformation		
Fuil Name:				Date:	
	Last	First	.40	M.I.	
Address:	Street Address			Apartment/Unit #	
-	City			State 2	ZIP Code
Phone: ()	E-mail Address:			
Date Availa	able:				
Position Ap	oplied for:		····		
	ve any previous erience? If yes,				
Are you a c	citizen of the United States	YES NO	, are you autho	rized to work in the U.	YES NO
Have you e felony?	ever been convicted of a	YES NO			
If yes, expl	ain:				
		Educ	ation		
High Scho	ol:	Address:	-		
From:	To:	Did you graduate?	YES NO	Degree:	
College:	-	Address:	VIEG NO		
From:	То:	Did you graduate?	YES NO	Degree:	
Other:		Address:	1770 NO		
From:	To:	Did you graduate?	YES NO	Degree:	A ADRIGUES
			mployment		
Company:		101011 - 111011 - 1110101 - 11101 - 11101 - 11101 - 11101 - 11101 - 11101 - 11101 - 11		()	
Address:				****	
Job Title:		Starting Salary:	\$	Ending Salary	7: \$
Responsib	ilities:				
From: _	To:	Reason for Leaving	g:		,
May we co reference?	ontact your previous super	_	ES NO		

Company:	Phone: ()					
Address:	Supervisor:					
Job Title: Starting Salary: \$	Ending Salary: \$					
Responsibilities:						
May we contact your previous supervisor for a YES reference?	NO					
Company:	Phone: ()					
Address:	Supervisor:					
Job Title: Starting Salary:\$	Ending Salary: \$					
Responsibilities:						
From: To: Reason for Leaving:						
May we contact your previous supervisor for a YES reference?	NO					
Disclaimer an	d 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 info	rmation in my application or interview may result in my release.					
Signature:	Date:					

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