

**LINDEN FREE PUBLIC LIBRARY
31 EAST HENRY STREET
LINDEN, NJ 07036**

APPLICATION FOR EMPLOYMENT

PLEASE PRINT ALL INFORMATION BELOW.

NAME _____
LAST FIRST MIDDLE

ADDRESS _____
CITY STATE ZIP CODE

DATE _____ TELEPHONE (Home) _____

(Work) _____

DATE OF BIRTH _____ SOCIAL SECURITY # _____

PHYSICAL LIMITATIONS _____

ARE YOU ABLE TO TYPE? (Circle one choice.) YES NO

IF APPLICABLE, WHAT IS YOUR SPEED WPM? _____

POSITION OF JOB APPLYING FOR
(Please place a check mark on the lines below that apply to you.)

_____ PAGE (PART TIME POSITION ONLY)

_____ CLERK

_____ LIBRARIAN (M.L.S. REQUIRED)

_____ MAINTENANCE

_____ PART TIME

_____ FULL TIME

EDUCATION OBTAINED

HIGH SCHOOL:

NAME OF SCHOOL - _____

LOCATION - _____
CITY STATE ZIP CODE

MAJOR SUBJECTS - _____

GRADUATE OR DEGREE - _____

DATES OR YEARS ATTENDED - _____

VOCATIONAL OR TRAINING:

NAME OF SCHOOL - _____

LOCATION - _____
CITY STATE ZIP CODE

MAJOR SUBJECTS - _____

GRADUATE OR DEGREE - _____

DATES OR YEARS ATTENDED - _____

COLLEGE:

NAME OF SCHOOL - _____

LOCATION - _____
CITY STATE ZIP CODE

MAJOR SUBJECTS - _____

GRADUATE OR DEGREE - _____

DATES OR YEARS ATTENDED - _____

GRADUATE SCHOOL:

NAME OF SCHOOL - _____

LOCATION - _____
CITY STATE ZIP CODE

MAJOR SUBJECTS - _____

GRADUATE OR DEGREE - _____

DATES OR YEARS ATTENDED - _____

PLEASE LIST ANY OTHER ADDITIONAL SKILLS, KNOWLEDGE, EXPERIENCE OR OTHER
RELEVANT QUALIFICATIONS. _____

WORK EXPERIENCE (IF APPLICABLE)
(PLEASE FILL OUT THIS INFORMATION WITH MOST RECENT FIRST.)

EMPLOYER'S NAME _____

EMPLOYER'S ADDRESS _____

NATURE OF BUSINESS _____

POSITION _____

REASON FOR LEAVING _____

NAME OF SUPERVISOR _____

WORK EXPERIENCE

EMPLOYER'S NAME _____

EMPLOYER'S ADDRESS _____

NATURE OF BUSINESS _____

POSITION _____

REASON FOR LEAVING _____

NAME OF SUPERVISOR _____

WORK EXPERIENCE

EMPLOYER'S NAME _____

EMPLOYER'S ADDRESS _____

NATURE OF BUSINESS _____

POSITION _____

REASON FOR LEAVING _____

NAME OF SUPERVISOR _____

WORK EXPERIENCE

EMPLOYER'S NAME _____

EMPLOYER'S ADDRESS _____

NATURE OF BUSINESS _____

POSITION _____

REASON FOR LEAVING _____

NAME OF SUPERVISOR _____

WORK EXPERIENCE

EMPLOYER'S NAME _____

EMPLOYER'S ADDRESS _____

NATURE OF BUSINESS _____

POSITION _____

REASON FOR LEAVING _____

NAME OF SUPERVISOR _____

DO YOU GRANT THE LINDEN FREE PUBLIC LIBRARY PERMISSION TO CONTACT ANY OR ALL OF THE ABOVE FORMER EMPLOYERS?

PLEASE CIRCLE ONE CHOICE. YES NO

(NOTE: REFUSAL TO CONSENT WILL NOT BE GROUNDS FOR DISQUALIFICATION OF YOUR APPLICATION.)

REFERENCES:

PLEASE LIST AT LEAST THREE PEOPLE WHO CAN EVALUATE YOU OBJECTIVELY.
INCLUDE PAST EMPLOYERS WHEN APPROPRIATE. DO NOT LIST ANY RELATIVES.

REFERENCE #1:

NAME _____
 LAST FIRST MIDDLE

ADDRESS _____

 CITY STATE ZIP CODE

DATE _____ TELEPHONE (Home) _____

(Work) _____

REFERENCE #2:

NAME _____
 LAST FIRST MIDDLE

ADDRESS _____
 CITY STATE ZIP CODE

DATE _____ TELEPHONE (Home) _____

(Work) _____

REFERENCE #3:

NAME _____
 LAST FIRST MIDDLE

ADDRESS _____
 CITY STATE ZIP CODE

DATE _____ TELEPHONE (Home) _____

(Work) _____

