APPLICATION FOR EMPLOYMENT

THE CITY OF VINCENT AND VINCENT LIBRARY

Is an Equal Opportunity Employer. It is our policy to grant equal employment opportunities to all qualified employees regardless of race, religion, age, or of national origin.

:		POSITION AF	PLIED FOR:_			
				MIDDI	E	
				STATE	ZIP	
10			DATE OF BIR	RTH:		
		CELL PH	ONE NO			
SINGLE ()	MARRIED () SEPARATED	O () DIVOR	CED () WI	DOWED ()	
		EDUCATION	J			
				Did You		
NAME & A	DDRESS	FROM Yr t	o Yr	Graduate		Degree
		S, OR QUALIFI	CATIONS WI	HICH YOU FE	EEL WOULD	QUALIFY
	SINGLE () NAME & AL	EET OR P.O. BOX IO. SINGLE () MARRIED (NAME & ADDRESS	FIRST EET OR P.O. BOX CI IO. CELL PHO SINGLE () MARRIED () SEPARATED EDUCATION ATTEND NAME & ADDRESS FROM Yr t	FIRST EET OR P.O. BOX CITY IO DATE OF BIR CELL PHONE NO SINGLE () MARRIED () SEPARATED () DIVOR EDUCATION ATTENDED NAME & ADDRESS FROM Yr to Yr THER EXPERIENCES, SKILLS, OR QUALIFICATIONS WE	FIRST MIDDI SET OR P.O. BOX CITY STATE OO DATE OF BIRTH: CELL PHONE NO SINGLE () MARRIED () SEPARATED () DIVORCED () WI EDUCATION ATTENDED Did You NAME & ADDRESS FROM Yr to Yr Graduate THER EXPERIENCES, SKILLS, OR QUALIFICATIONS WHICH YOU FE	FIRST MIDDLE SET OR P.O. BOX CITY STATE ZIP TO DATE OF BIRTH: CELL PHONE NO SINGLE () MARRIED () SEPARATED () DIVORCED () WIDOWED () EDUCATION ATTENDED Did You NAME & ADDRESS FROM Yr to Yr Graduate THER EXPERIENCES, SKILLS, OR QUALIFICATIONS WHICH YOU FEEL WOULD

EMPLOYMENT RECORD START WITH PRESENT OR MOST RECENT, LIST ALL PREVIOUS EMPLOYERS

FROM - TO	EMPLOYER'S NAME	POSITION	REASON FOR
	ADDRESS and	HELD	LEAVING
	PHONE NUMBER		
IF NOW EMPLOY	ED, MAY WE CONTACT YOUR PR	ESENT EMPLOYER? ()	YES () NO
LIST BELOW/ THE	NAME AND ADDRESS OF THREE	(2) DEDCONAL DEEEDENG	EC THESE MIIST DE
	R THAN PRESENT EMPLOYER.	(5) PERSONAL REFERENC	ES. THESE WIOST BE
SOMEONE OTHE	IN THAT TRESERVE EITH ESTERN		
Have you ever b	een convicted of a crime? () Y	ES () NO	
If so, what is the	nature of the crime?		
I authorize the C	ity of Vincent personnel committ	ee to secure confidentia	l information as follows:
	1. A police background che	eck	
	2. A credit background che	eck	
	3. A periodic drug test		
Signature of Apr	olicant:	ſ	Date:
AFFIDAVIT: 10	ooutifu tha anguaya siyan bu ma ti	a tha favoraina accestion	a and statements are true
	certify the answers given by me to rout consequential omissions of a		
or any of its enti	ties shall not be liable in any resp	ect if my employment is	terminated because of the
<u>-</u>	ents, answers or omissions made		•
ior employment	, I hereby agree to abide by the r	uies and policies of my e	mpioyer.
SIGNED:		D	ATE:
Employment Sta	ert Data:		
Limpioyinent Sta	rt Date:		