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							
Last Street Address			First		Middle Initial		
City		State	Zip	Phone	Email		
1.	Title of position for whi	ch you are app	lying				
2.	Have you ever been er	mployed by a lil	brary?				
3.	What is your social sec	curity number?					
4.	Are you a citizen of the United States?						
Enter (pace is needed, attach a Grade Completed: Gram High and Location of last scho u graduate? Yes No	mar School (Ap School – 9 10 ool attended:	oplicable to Page 11 12				
	ss College, trade night school or other.						
Name	ringrit scrioor 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.

Was any of the education or experience claimed on this application obtained under a this application? Yes No If so, under what name?	name other	then the one used on
Have you ever been convicted (that is fined, placed on probation, sentenced to jail or 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 i however, may result in disqualification or termination. If you answer "yes", explain ful application will be rejected.	 its own mer	its. A false answer,
Experience Account for all your time in the past ten years and any earlier experience, which quality you are applying. If more then one position was held under the same employer, described not worked must also be indicated (military service, unemployed, etc.). If mosheets. For "Your duties" describe in detail kind of work, responsibilities. Be sure to sthe bottom of the page.	ribe each p re space is	osition separately. needed, attach additional
EmployerF	rom	To
Street Address		
CityStateZip	_ Phone#	
Street Address City State Zip Your Title Hours Worked Per Week_ Starting Salary Last Salary Your Duties		_
Reason For Leaving		
Employer From To		
Street Address	_	
City State Zip Phone#		
Employer From To		-
Reason For Leaving		
Street Address	_	
City State Zip Phone#		
Your Title Hours Worked Per Week		-
Starting Salary Last Salary Your Duties		
Reason For Leaving		
Certificate of Applicant: I hereby certify that all information given in this application any misstatement of material facts contained in this application may be grounds for te agree my employment and compensation can be terminated with or without cau option of either the Library or myself, it being understood that the employment Pinckney Community Public Library and myself is one of employment at will. I made under my correct legal name.	ermination. use or notic relationshi	I further expressly ce at any time, at the p between the
Date Signature		