



LAGRANGE COUNTY PUBLIC LIBRARY

203 WEST SPRING STREET – LAGRANGE, INDIANA 46761 TELEPHONE: 260-463-2841 FAX: 260-463-2843



APPLICATION FOR EMPLOYMENT

NAME _____ DATE _____
Last First Middle

ADDRESS _____ PHONE _____

BIRTHDATE (if under 18) _____ MALE _____ FEMALE _____

IN CASE OF EMERGENCY, NOTIFY _____ PHONE _____

COMPUTER EXPERIENCE _____

LIBRARY EXPERIENCE: _____

OTHER WORK EXPERIENCE:

Employer	Address	Type of Work	Date

Reason for leaving last position

What type of work do you prefer? _____

How soon are you available to begin work? _____



EDUCATION

High School:

Date of Graduation

College

Dates

De gree

Post Graduate

Dates

Degree

Have you ever been convicted of, or are you currently charged with, any crime, or has your driver's license ever been suspended? (A charge or conviction will not necessarily disqualify an applicant from being hired). Yes _____ No _____

If yes, please explain _____

REFERENCES: Please give name of three people familiar with your qualifications and work experience.

Name _____

Address _____

Phone _____

Position _____

Name _____

Address _____

Phone _____

Position _____

Name _____

Address _____

Phone _____

Position _____