Southworth Library Association P.O. Box 45, Dryden New York 13053

Employment Application

Applicant Information										
Full Name:								Date		
	Last		First				М.І.	_		
Address:	Street Address						Apartment/Unit #			
	City						State		ZIP Code	
Phone: () E-mail Address:									
Date Available: Birthdate:										
Position Applied for: Library Aide										
			YES	NO						
Have you ever been convicted of a felony?										
If yes, explain:										
				Educ	cation					
High School:	:		Ad	ldress:						
From:	To:		Did you grad	duate?	YES		Degree:			
College:			Ad	ldress:						
From:	To:		Did you grad	duate?	YES		Degree:			
Other:			Ad	ldress:						
From:	To:		Did you grad	duate?	YES		Degree:			
References										
Please list t	wo non-related	references.								
Full Name: Relationship:										
email:							Phone: ()		
Address:										
Full Name: Relationship:										
Address:							Phone: ()		
Auui 635.										

		Previous E	Employmer	nt			
Company:					Phone:	()
Address:					Supervisor:		
Job Title:							
Responsibilities:							
From:	То:	Reason for Lea	-				
May we contact your previo	us supervisor for a refe	erence?	YES	NO □			
Company:					Phone:	()
Address:					Supervisor:		
Job Title:							
Responsibilities:							
From:	То:	Reason for Lea	ving:				
May we contact your previo	us supervisor for a refe	erence?	YES	NO			

List relevant skills and additional experience as desired:

Please send the completed application and a brief description describing your qualifications and interest in this job to: Southworth Library, P.O. Box 45, Dryden, NY 13053 or email to director@southworthlibrary.org

Disclaimer and 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 information in my application or interview may result in my release.

Signature: