

APPLICATION FOR EMPLOYMENT
Lincoln New Hampshire Public Library

Date_____

Last Name_____ First Name_____ Middle Name_____

Address_____ City_____ State_____ Zip_____

Previous Address (If less than 5 years at present address)_____

Phone Number_____ Are you 18 years or older? Yes No

Position Desired_____ can start_____ Desired_____

Are you currently employed? Yes No If so may we inquire of
your present employer? Yes No

Have you ever applied to the Lincoln Public Library for employment before? Yes No

Referred by_____

Education: (Name and Location of School)

Grammar School_____ Years Attended_____ Graduated Yes No

High School_____ Years Attended_____ Graduated Yes No

College_____ Years Attended_____ Graduated Yes No

Trade/Business School_____ Subject Studied_____

General Information:

Subject of special study or research work_____

Special Skills_____

Activities (Civic, athletic, etc.)_____

U.S. Military or Naval Service: Name_____ Rank_____ Guards Reserve

Former Employers: (List below last three employers starting with the last/current one first.)

Start Date_____ End Date_____ Employer Name_____

1. Employer Address_____ Position_____ Salary_____

Reason for Leaving_____

Start Date _____ End Date _____ Employer Name _____

2. Employer Address _____ Position _____ Salary _____

Reason for Leaving _____

Start Date _____ End Date _____ Employer Name _____

3. Employer Address _____ Position _____ Salary _____

Reason for Leaving _____

References: (Give names of three persons not related to you, whom you have known at least one year. Include at least one employer.)

Name	Address	Business	Years Known
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1. _____

2. _____

3. _____

In case of emergency notify _____ Phone number _____

I authorize the Lincoln Public Library to do a background check on the information I have listed on this application. If deemed necessary, a police record check may also be performed. I certify that the facts contained in this application are true and complete to the best of my knowledge. I understand that, if employed, falsified statements on this application shall be grounds for dismissal.

Date _____ Signature _____

The Lincoln Public Library is an equal opportunity employer, and does not discriminate because of race, creed, color, age or disabilities.

Interviewed By _____ Date _____

Remarks _____

Neatness _____ Ability _____

Hired ___ Yes ___ No Position _____ Start Date _____ Salary/Wage _____

Approved 1. _____ 2. _____ 3. _____