

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

Are you either a U.S. Citizen or an Alien Resident authorized to work in the United States?      Yes      No

Position Desired\_\_\_\_\_ Date you can start\_\_\_\_\_ Salary 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. \_\_\_\_\_