

310 N. Quincy St. Clinton, IL 61727 (217) 935-5174 phone (217) 935-4425 fax

Application for Employment

Print Name: _										
Last					First				MI	
Present Address:					City				State	
Phone: ()		Email _							
What times are	you avai	lable	to work? Librar	y Hours: N	Non-Thu	9am	n-7pm, Fri 9an	n-4pm,	Sat 9am-1pm	
Monday	onday Tuesday		Wednesday		Thursday		Frid	ay	Saturday	
Do you have	any spec	cial sl	kills?							
Do you have	compute	er exp	perience?		If so,	hov	w much?			
Worked with Word?Exc			Excel?	cel?PowerPoint?			Other?	Other?		
Have you trai	ined othe	ers? I	f so, state nati	ure of trai	ining					
Employment Re	cord (last t	wo em	ployers)							
Starting Date Ending Date		ate	Name of Emplo	yer		Your Occupation			Reason for Leaving	
Educational Rec	ord (use b	ack if	more space is ne	aded)						
			ation Years Atter			ended Degree Earned			Course of Study	
55551		1000		Todis Allended			Degree Lamea		- Color Crowy	
References (Giv	e three refe	erence	es – NO RELATIVES	(2)						
•			Relationship		Addr	Address			Phone Number	
			·							
Signaturo								Data		