	Office Use Only
Date Application Received:	
Date Applicant Interviewed:	

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Application for Employment at SPIRIT LAKE PUBLIC LIBRARY

An Equal Opportunity Employer (If possible, please attach a resume for more information.)

Personal Information

Last Name:	
First Name:	
Social Security Number:	
Address:	
City, State, Zip Code:	
Phone Number:	
Email Address:	
Are you under the age of 18	the United States? Yes:
Position you are applying fo	r:
What date are you available	e to begin at Spirit Lake Public Library?

Education

Please list name and loca	ation of school, diploma/degree, and years completed.
High School:	
Address:	
Diploma/Degree:	
Years Completed:	
Collogo	T
College:	
Address:	
Diploma/Degree:	
Years Completed:	
Grad School:	
Address:	
Diploma/Degree:	
Years Completed:	
Other School:	
Address:	
Diploma/Degree:	
Years Completed:	
Please list any relevant s	kills, qualifications, or licenses:

Employment History

Employer 1:	
Address:	Phone Number:
Job Title:	
Supervisor:	
Date Started:	Date Ended:
Work Performed:	
Reason for Leaving:	
May we contact your previous superviso	r for a reference? Yes: 🗆 No: 🗆
Employer 2:	
Address:	Phone Number:
Job Title:	
Supervisor:	
Date Started:	Date Ended:
Work Performed:	
Reason for Leaving:	
Reason for Leaving: May we contact your previous superviso	r for a reference? Yes: 🗆 No: 🗆
	Phone Number:
May we contact your previous superviso Employer 3:	
May we contact your previous superviso Employer 3: Address:	
May we contact your previous superviso Employer 3: Address: Job Title:	
May we contact your previous superviso Employer 3: Address: Job Title: Supervisor:	Phone Number:
May we contact your previous superviso Employer 3: Address: Job Title: Supervisor: Date Started:	Phone Number:
May we contact your previous superviso Employer 3: Address: Job Title: Supervisor: Date Started: Work Performed:	Phone Number: Date Ended:
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Employer 3: Address: Job Title: Supervisor: Date Started: Work Performed: Reason for Leaving: May we contact your previous superviso	Phone Number: Date Ended:
May we contact your previous supervison Employer 3: Address: Job Title: Supervisor: Date Started: Work Performed: Reason for Leaving: May we contact your previous supervison eferences onot include relatives. Name 1:	Phone Number: Date Ended:
May we contact your previous superviso Employer 3: Address: Job Title: Supervisor: Date Started: Work Performed: Reason for Leaving: May we contact your previous superviso eferences o not include relatives. Name 1: Address:	Phone Number: Date Ended:

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Name 2:	
Address:	
Phone Number:	
Email Address:	
Relationship to Applicant:	
Name 3:	
Address:	
Phone Number:	
Email Address:	
Relationship to Applicant:	
Additional Comments Please explain why you woul	d like to be a part of the Spirit Lake Public Library team:
tease explain willy you would	a the to be a part of the spirit Lake rabble Library team.
Please describe your work st	yle (e.g., driven, work independently, team player, etc.):
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I HEREBY CERTIFY that this application contains no misrepresentations or falsifications and that the information given by me is true and complete to the best of my knowledge and belief. I am aware that should an investigation at any time disclose any such misrepresentation or falsification, my application will be rejected and I may be dismissed from service. I further authorize the Spirit Lake Public Library to make all necessary and appropriate investigations to verify the information contained herein.

Signature of Applicant:	Date:	
(If submitting this document electronically	with a typed name, you agree that this serves in the place	

of your handwritten signature.)