

STURM MEMORIAL LIBRARY

130 N Bridge St/Manawa WI/54949/920-596-2252



Please fill out all of the requested information. Write N/A if something does not apply.

APPLICANT INFORMATION			
Last Name	First	M.I.	Date
Street Address		Apartment/Unit #	
City	State	ZIP	
Phone	E-mail Address		
Date Available	Do you have a flexible schedule?		
Position Applied for			
Do you have a legal right to work in the U.S.A.?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Verification of this will be required in the event of being hired.
Have you ever worked for the Library or the City of Manawa?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?
Have you had experience working unsupervised?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

EDUCATION	
High School	Address
Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
College	Address
Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
Other	Address
Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree

REFERENCES	
<i>Please list three references that are not relatives</i>	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	

PREVIOUS EMPLOYMENT

Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

PLEASE LIST ANY EXPERIENCE YOU HAVE HAD THAT WOULD HELP YOU IN THIS POSITION. USE AN EXTRA SHEET OF PAPER IF NEEDED.

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	Date
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