

Employment Application: Library Director

This application must be completed thoroughly and included along with your cover letter, and resume. Send these documents as a single, combined PDF attachment to: directorhire@ssldl.info with "SSLDL DIRECTOR POSITION" in the subject of the email by 5:00PM Friday, June 25, 2021 in order to be considered for this position.

		App	licant I	Informa	ation				
Full Name:						Date:			
	Last	First	<u> </u>			M.I.			
Address:									
	Street Address						Apartment/Unit #		
	City					State	ZIP Code		
Phone:				Email					
Are you a ci	tizen of the United States?	YES	NO	If no, a	re you a	uthorized to wor	YES No k in the U.S.? □ □	_	
Have you ever worked for this library?			NO	If yes, when?					
Have you ever been convicted of a crime or			NO						
offense, oth	er than a minor traffic violation?	YES							
If yes, expla	in:								
			Educ	cation					
College:									
From:	To: Did	d you gr	raduate?	YES	NO	Degree:			
Other:		/	Address						
From:			aduate?	YES	NO	Degree:			

EMPLOYMENT HISTORY

Start with present or most recent job and list all previous employers. If you need more space, continue on a separate sheet.

Employer	Dates		Hourly Rate/Salary			
Telephone + Area Code		То	Start	Final		
Address (City, State, Zip)						
Job Title	Supervisor					
Reason(s) for Leaving		Full Time Part Time				
Work Performed	I					
Employer	Dates		Hourly Rate/Salary			
Telephone + Area Code	From	То	Start	Final		
Address (City, State, Zip)						
Job Title	Supervisor					
Reason(s) for Leaving		Full Time Part Time				
Work Performed	<u> </u>					
Employer	Dates		Hourly Rate/Salary			
Telephone + Area Code	From	То	Start	Final		
Address (City, State, Zip)						
Job Title	Supervisor					
Reason(s) for Leaving	Full Time Part Time					
Work Performed	I					
Employer	Dates		Hourly Rate/Salary			
Telephone + Area Code	From	То	Start	Final		
Address (City, State, Zip)						
Job Title		Supervisor				
Reason(s) for Leaving	Full Time Part Time					
Work Performed						

Please list at least two references Full Name:	Polationship						
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Company:	Phone:						
Address:							
Full Name:	Relationship:						
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7444055.							
Full Name:	Relationship:						
Company:	Phone:						
Address:							
Full Name:	Relationship:						
Company:							
Address:							
Disclaimer and Signature		_					
I agree and understand that all the information and statements on my application are correct and no attempt has been made to conceal or withhold pertinent information. I agree that any omission falsification, or misrepresentation is cause for my immediate termination at any time during my employment.							
I authorize investigation of all statements contained in this application for any employment related purpose and I understand that a criminal background check will be performed as part of the hiring process. I hereby release any references and current or former employers for all liability for any information they may give you.							
Signature:	Date:						