CONYERS-ROCKDALE LIBRARY SYSTEM
APPLICATION FOR EMPLOYMENT

Position Applied For _____ **Date** _____

NAME _____ **TELEPHONE** _____

ADDRESS _____

    How many hours per week would you be able/like to work? _____

    Would you work :
    evening hours?   **Yes** _____ **No** _____

    daytime hours (morning & afternoon)?   **Yes** _____ **No** _____

    Saturdays 10 a.m. to 5 p.m.?   **Yes** _____ **No** _____

    Sundays 1 p.m. to 5 p.m.?   **Yes** _____ **No** _____

EDUCATION

HIGH SCHOOL _____

DATE GRADUATED or EXPECTED TO GRADUATE _____

COLLEGE _____

DEGREE _____

OTHER TRAINING _____

_____

SPECIAL SKILLS: (i.e. typing, computer, journalistic, etc.)

_____

_____

_____

PREVIOUS EMPLOYMENT: (List last 3 employers, beginning with most recent)

1. _____

       Employer name   **City**   **State**

       Phone # _____   **Supervisor** _____

       Dates of employment _____ **Salary** _____

       Job Description _____

       _____

2. . _____

       Employer name   **City**   **State**

       Phone # _____   **Supervisor** _____

       Dates of employment _____ **Salary** _____

       Job Description _____

       _____

3. . _____

       Employer name   **City**   **State**

       Phone # _____   **Supervisor** _____

       Dates of employment _____ **Salary** _____

       Job Description _____

       _____

REFERENCES (Adults whom we may call for recommendations. No relatives, please.)

1. _____

       NAME   **ADDRESS**   **PHONE**

2. _____

       NAME   **ADDRESS**   **PHONE**

SIGNATURE:_____

THE LIBRARY MAINTAINS A DRUG-FREE WORKPLACE