

## MACDONALD PUBLIC LIBRARY – CITY OF NEW BALTIMORE

### Employment Application

APPLICANT INFORMATION												
Last Name					First				M.I.	Date		
Street Address								Apartment/Unit #				
City					State				ZIP			
Phone					E-mail Address							
Date Available				Social Security No.				Desired Salary				
Position Applied for												
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	YES <input type="checkbox"/>	NO <input type="checkbox"/>							
Have you ever worked for the City of New Baltimore?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?									
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain									
EDUCATION												
High School					Address							
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Current Grade					
College					Address							
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree					
Other					Address							
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree					
Activities: (Civic, Athletic, School Organizations, etc.)												
REFERENCES												
<i>Please give the names of three <b>adults</b> not related to you. Whom you have known at least one year.</i>												
Name					Years Acquainted							
Address					Phone	( )						
Name					Years Acquainted							
Address					Phone	( )						
Name					Years Acquainted							
Address					Phone	( )						

**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"/>		

**DISCLAIMER AND SIGNATURE**

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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**APPLICANT – DO NOT WRITE BELOW THIS LINE**

Interviewed by: \_\_\_\_\_ Date \_\_\_\_\_

Remarks: \_\_\_\_\_

Hired: \_\_\_\_\_ Position: \_\_\_\_\_ Start Date: \_\_\_\_\_ Salary: \_\_\_\_\_