Bell Memorial Public Library 101 W. Main St., Box 368 Mentone, IN 46539 (574) 893-3200

Employment Application

Applicant Information										
Full Name:					Date:					
	Last	First	First			M.I.				
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Address:	Street Address						Apartment/Unit	#		
						State	ZIP Code			
	City					State	ZIF Code			
Phone:		Email								
Date Availal	alo:									
Date Availat	ole:									
Position App	olied for:									
		YES	NO				YES	NO		
Are you a ci	tizen of the United States?			If no, are you authorized to work in the U.S.?						
		YES	NO							
Have you ev	ver worked for this company?			If yes, when?						
		YES	NO							
Have you ev	ver been convicted of a felony?									
If yes, expla	in·									
усэ, схрта	in:									
			Educa	tion						
High School	:		Address:_							
				YES	NO					
From:	To:	Did you g	raduate?			Diploma::				
College:			Address:							
_			_							
From:	To:	Did vou g	raduate?	YES	NO 	Degree:				
_		/ 8				- 58. 55. <u>-</u>				
Other: _			Address:_							
				YES	NO					
From: _	To:	Did you g	raduate?			Degree:				

References										
Please list referen	ces:									
Full Name:				Relationship:						
Company:										
Address:										
Full Name:				Relationshin:						
Address:										
Full Name:				Polationshins						
Company:										
Address:				Filone.						
	Dunctions									
	Previous	Employment		D.						
Address:				Supervisor:						
Job Title:										
From:	To:	Reason f	for Leaving:							
		YES	NO							
	our previous supervisor for a reference?									
			_							
Address:				Supervisor:						
Job Title:										
From:	To: Reason f		for Leaving:							
May we contact y	our previous supervisor for a reference?	YES	NO							
	Milita	ry Service								
Branch:			From:		То:					
Rank at Discharge:		Туре о	f Discharge:							
If other than hono	orable, explain:									
	Disclaimer	and Signature	:	_	_					
I certify that my a	nswers are true and complete to the best of my									
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:						