Bell Memorial Public Library 101 W. Main St., Box 368 Mentone, IN 46539 (574) 353-7234

Employment Application

Applicant Information										
Full Name:					Date:					
	Last	First		M.I.						
Address:										
	Street Address				Apartment/Unit i	#				
	City			State	ZIP Code					
Phone:		E	Email							
Date Availabl	e:									
Position Appl	ied for:									
Are you a citizen of the United States?		YES NO	If no. ar	e vou authorized t	YES o work in the U.S.?	NO				
,		VES NO	,	- ,						
Have you eve	r worked for this company?	YES NO	If yes, when	n?						
Your hours of availability, please write in below:										
Education										
High School:		Address:_								
From:	To:	Did you graduate?	YES NO							
College:		Address:_								
From:	To:	Did you graduate?	YES NO	•						
Other:		Address:								
From:	To:	Did you graduate?	YES NO							

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References									
Please list referen	ces:								
Full Name:			Relationship:						
Company:									
Address:									
Full Name:				Relationshin:					
Company									
Address:									
Full Name:									
Company:				Phone:					
Address:									
	Previous	Employment							
Company:				Phone:					
Address:				Supervisor:					
Job Title:									
From:	To:	Reason f	for Leaving:_						
May we contact y	our previous supervisor for a reference?	YES	NO						
Company:				Phone:					
Address:				Supervisor:					
Job Title:									
From:	To:	Reason for Leaving:_			_				
May we contact y	our previous supervisor for a reference?	YES	NO						
	Milita	ry Service							
Branch:			From:		To:				
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	knowledge.							
If this application my release.	leads to employment, I understand that false or	r misleading in	formation in	my application o	r interview may result in				
Signature:			Date:						