

## Community Engagement Clerk

P E	NAME			DATE					
R					City			State	Zip Code
О	TELEPHONE	TELEPHONE NUMBER (home#)					(work#)		
N A	PERMANENT	ADDRES			<b> </b>				
L						City		State	Zip Code
E	SCHOOL NAME & CITY, ST			CITY, STAT	TE DIPLOMA/DECREE			GRADUATE YES/NO	
				CIII, UIA.		DII EOME	, would	JANDON	L 113/140
U					***************************************				
C A	College								
T	Graduate School					<del>                                     </del>			
Ι				enone					
O N	Other								
- 1					·				
		ist each job held with your present or last job first. Include military service and volunteer work.							
	DATES COMPAN		Y NAME   ADDRESS		SUPERVISO		R/PHONE #		
P L									
O	POSITION/J	OB DUTIE	S		REASON	FOR LEAV	VING	LAST SAL	ARY
Y M									
E	DATES	COMPAN	Y NAMF	ADDRESS			SUPERVISO	R/PHONE:	#
N			~ * * * * * * * * * * * * * * * * * * *	111111111111111111111111111111111111111	<del></del>	<del></del>	DOI LIK VISO	Ly I HOITE	) i
T	DOCTOR (-				I			T	
н	POSITION/JOB DUTIES			REASON FOR LEAVING			LAST SAL	ARY	
I									
S	DATES   COMPANY NAME   ADDRESS			SUPERVISO			R/PHONE #		
T O									
	POSITION/JO	OB DUTIE	<u>s</u>	<u> </u>	REASON	FOR LEAV	VING	LAST SAL	ARY
Y		- I - V - V - V - V - V - V - V - V - V							

<sup>\*</sup> If you need to list more jobs please follow the same format on a separate sheet of paper.

	G Please list any experience that would be relevant to the job you are applying for:									
E										
N										
E	Was made to the second of the									
R										
A										
L										
~	WALL THE CONTRACTOR									
L										
	Dloggo ongwar the follo	Ouring questions:								
	Please answer the following questions:									
	1. May we contact your current employer? Yes / No									
	2. If hired, when could you begin work?									
E	3. Have you ever been convicted of a crime (Felony)? Yes / No If Yes please explain:									
R										
A	4. Are you eligible to work in the United States?									
L	5. Are you looking for Full-time or Part-time (please circle the appropriate choice)									
R	Please supply the names of three persons, other than relatives, friends, public office									
E	appointees or clergy who can evaluate your qualifications and job performance. At least one									
F	must be a present or former employer/supervisor.									
E	NAME   OCCUPATION / COMPANY   TELEPHONE # / EMAIL									
R	T47 KVILI	occoration, company	TELLITIONE # / EMAIL							
E										
N										
C										
E										
S										
3										
ALBANY PUBLIC LIBRARY employment polices and practices DO NOT discriminate because of RACE, COLOR, RELIGION, AGE, SEX, NATIONAL ORIGIN OR MARITAL STATUS.										
I HEREBY CERTIFY that all statements made in this application are true. I authorize Albany Public Library to investigate my references, work record, education, and other matters related to my suitability for employment. I also authorize the references and my prior employers to disclose to Albany Public Library any all letters, reports, and other information related to my professional and personal background, without giving me prior notice of such disclosure.										
my	I agree and understand that any misstatement of material facts herein will cause (a) rejection of my application, and (b) forfeiture on my part to any employment or payment as an employee in the service of this Library.									
c.	Signature of Applicant Date									
215	nature of Applicant	Date								
218	nature of Applicant	Date								