

## APPLICATION FOR PART-TIME OR TEMPORARY EMPLOYMENT JACKSONVILLE PUBLIC LIBRARY

Today's Date \_\_\_\_\_

Name \_\_\_\_\_ E-mail Address \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
# and Street City State Zip

POSITION APPLYING FOR: Shelver Circulation Clerk Other: \_\_\_\_\_

AVAILABLE FOR: Full-time Part-time Sunday-only

Part-time, circle when available: Anytime Morning Afternoon Evenings

Mondays Tuesdays Wednesdays Thursdays Fridays Saturdays Sundays

GEOGRAPHIC LIMITATIONS: Please circle below the area(s) of the county in which you may prefer to work.

Northside Westside Southside Mandarin Arlington Downtown Beaches

Indicate the library(ies) or department(s) you prefer \_\_\_\_\_

Have you ever been employed by the City of Jacksonville? Yes No If yes, when? \_\_\_\_\_

Do you know anyone employed at the library? Yes No If yes, who? \_\_\_\_\_

### EDUCATION

SCHOOL	NAME AND ADDRESS OF INSTITUTION	LAST YEAR COMPLETED	YEAR GRADUATED	NAME OF DEGREE OR DIPLOMA & SUBJECT
HIGH SCHOOL		9 10 11 12		
COLLEGE		1 2 3 4		
GRADUATE SCHOOL		1 2 3 4		
OTHER SCHOOL STUDIES				

### EMPLOYMENT HISTORY [STARTING WITH MOST RECENT]

EMPLOYER	ADDRESS
POSITION TITLE	DESCRIBE DUTIES AND RESPONSIBILITIES
DATES EMPLOYED FROM: TO: <small>(MONTH/YEAR) (MONTH/YEAR)</small>	
SALARY	
SUPERVISOR	
TITLE	REASON FOR LEAVING
TELEPHONE	May we contact this employer?

EMPLOYER	ADDRESS
POSTION TITLE	DESCRIBE DUTIES AND RESPONSIBILITIES
DATES EMPLOYED FROM:                      TO: (MONTH/YEAR)              (MONTH/YEAR)	
SALARY	
SUPERVISOR	
TITLE	
TELEPHONE #	May we contact this employer?

EMPLOYER	ADDRESS
POSTION TITLE	DESCRIBE DUTIES AND RESPONSIBILITIES
DATES EMPLOYED FROM:                      TO: (MONTH/YEAR)              (MONTH/YEAR)	
SALARY	
SUPERVISOR	
TITLE	
TELEPHONE #	May we contact this employer?

Briefly state why you are interested in working for the Jacksonville Public Library.

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Briefly state why you would be the best candidate for the position for which you are applying. (List any applicable certification or skills such as typing speed, graphics or computer skills, etc.).

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References: (Please give at least two references and list full name, address, and phone number for each).

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I certify that all the statements made in this application are true, complete, and correct to the best of my knowledge and belief and are made in good faith.

Signature of applicant \_\_\_\_\_ Date \_\_\_\_\_

Send to Human Resources Department, Jacksonville Public Library, 303 North Laura Street, Jacksonville FL 32202

JACKSONVILLE PUBLIC LIBRARY IS AN EQUAL OPPORTUNITY/EQUAL ACCESS EMPLOYER. THE LIBRARY DOES NOT DISCRIMINATE ON THE BASIS OF RACE, COLOR, NATIONAL ORIGIN, MARITAL STATUS, GENDER, RELIGION, AGE OR DISABILITY IN EMPLOYMENT OR THE PROVISION OF SERVICES.