



Pine River Library
of Leon & Saxville

Pine River Library of Leon & Saxville

N4715 County Road E, PO Box 247

Pine River, WI 54965 Phone 920-987-5110

PERSONAL INFORMATION

DATE: _____

Name - Last

First

Middle

Social Security No.

Present Address

Street

City

State

Zip

Best Telephone

Date of Birth: (MM/DD/YYYY) __/__/__

In Case of Emergency Notify:

Best Telephone:

Other Phone::

Are you authorized to work in the United States? YES NO

EDUCATION

	Name of School	Location	Years Completed	Year of Graduation	Degrees
High School					
College Degree					
Trade, Business or Correspondence					
Graduate Degree					
Other					

EMPLOYMENT RECORD

Present Or Last Employment

Name of Employer Nature of Business Telephone

Address - Street City State/Zip

Employment Dates (Mo. & Yr.) Title of Position

Reason for Leaving

Description of Duties:

Other Employment

Name of Employer Nature of Business Telephone

Address - Street City State/Zip

Employment Dates (Mo. & Yr.) Title of Position

Reason for Leaving

Description of Duties:

Name of Employer Nature of Business Telephone

Address - Street City State Zip Code

Employment Dates (Mo. & Yr.) Title of Position Starting Salary Final Salary

Reason for Leaving

Description of Duties:

ADDITIONAL DETAILS

EMPLOYMENT not shown or any information you believe would be helpful to us.

COMPUTER SKILLS List all computer skills you have (programs, etc)

OTHER SKILLS (sewing, cooking, baking, soap making, raising chickens, etc.)

REFERENCES

Provide names of three contacts/references not related to you whom you have known for at least one year.

Name	Phone	Occupation
_____	_____	_____
_____	_____	_____
_____	_____	_____

“I certify that the facts contained in this application are true and complete to the best of my knowledge. I understand that, if employed, falsified statements on this application shall be grounds for dismissal. I affirm that I have a genuine intent and no other purposes in applying for a job with the Leon-Saxeville of Pine River Library, Pine River, WI 54965.

I authorize investigation of all statements contained herein and the references listed above to give you all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you. I further authorize a background check.

I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without prior notice.”

Date _____ Signature _____