



513 S. Mickley St. Paullina, IA (712) 949-3941

PAULLINA LIBRARY / CITY OF PAULLINA

Application Information

Full name:

Last

First

M.I.

Date:

Address:

Street address

Apt./Unit #

Phone:

Email:

City

State

Zip Code

Date Available:

S.S. no:

DESIRED SALARY

\$

Position applied for:

LIBRARY DIRECTOR

Are you a citizen of the United States?

Yes

No ☐

☐

If no, are you authorized to work in the U.S.?

Yes

No ☐

☐

Have you ever been convicted of a felony?

Yes

No ☐

☐

If yes, explain?

Education

High school:

Address:

From:

To:

Did you graduate?

Yes ☐

No ☐

Diploma:

College:

Address:

From:

To:

Did you graduate?

Yes ☐

No ☐

Degree:

References

Please list three professional references.

Full name:	<input type="text"/>	Relationship:	<input type="text"/>
Company:	<input type="text"/>	Phone:	<input type="text"/>
Address:	<input type="text"/>	Email:	<input type="text"/>

Full name:	<input type="text"/>	Relationship:	<input type="text"/>
Company:	<input type="text"/>	Phone:	<input type="text"/>
Address:	<input type="text"/>	Email:	<input type="text"/>

Previous Employment

Company:	<input type="text"/>	Phone:	<input type="text"/>
Address:	<input type="text"/>	Supervisor:	<input type="text"/>
Job title:	<input type="text"/>	From:	<input type="text"/> To: <input type="text"/>

Responsibilities:

May we contact your previous supervisor for a reference?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
--	------------------------------	-----------------------------

Company:	<input type="text"/>	Phone:	<input type="text"/>
Address:	<input type="text"/>	Supervisor:	<input type="text"/>
Job title:	<input type="text"/>	From:	<input type="text"/> To: <input type="text"/>

Responsibilities:

May we contact your previous supervisor for a reference?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
--	------------------------------	-----------------------------

Company:	<input type="text"/>	Phone:	<input type="text"/>
Address:	<input type="text"/>	Supervisor:	<input type="text"/>
Job title:	<input type="text"/>	From:	<input type="text"/> To: <input type="text"/>

Responsibilities:

May we contact your previous supervisor for a reference?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
--	------------------------------	-----------------------------

Military Service

Branch: _____ From: _____ To: _____

Rank at discharge: _____ Type of discharge: _____

If other than honorable, explain: _____

Disclaimer and signature

I certify that my answers are true and complete to the best of my knowledge.

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: _____