

TIPTON COUNTY PUBLIC LIBRARY  
PAGE APPLICATION

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ ZIP CODE \_\_\_\_\_

HOURS YOU CAN WORK \_\_\_\_\_

PARENT/GUARDIAN NAME \_\_\_\_\_

PARENT/GUARDIAN ADDRESS \_\_\_\_\_

\_\_\_\_\_

PARENT/GUARDIAN PHONE NUMBER \_\_\_\_\_

YEAR IN SCHOOL \_\_\_\_\_

EXTRA CURRICULAR ACTIVITIES \_\_\_\_\_

\_\_\_\_\_

WORK EXPERIENCE (PLEASE BEGIN WITH YOUR PRESENT OR MOST RECENT JOB)

BUSINESS	ADDRESS	CITY/STATE/ZIP	TELEPHONE
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POSITION HELD	DATES EMPLOYED	SUPERVISOR
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BUSINESS	ADDRESS	CITY/STATE/ZIP	TELEPHONE
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POSITION HELD	DATES EMPLOYED	SUPERVISOR
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REFERENCES (PLEASE LIST THREE PEOPLE WHO KNOW ABOUT YOUR WORK SKILLS AND HABITS)

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NAME	ADDRESS	TELEPHONE
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NAME	ADDRESS	TELEPHONE
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NAME	ADDRESS	TELEPHONE
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COMMENTS:

I VERIFY THAT THE FORGOING INFORMATION IS TRUE AND AUTHORIZE THE TIPTON COUNTY PUBLIC LIBRARY TO CONTACT FORMER EMPLOYERS AND REFERENCES LISTED

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SIGNATURE

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DATE