

Employment Application

1501 Tiburon Blvd., Tiburon, CA 94920 415-789-2665 www.beltiblibrary.org

Applicant Information

Applications must be completed and submitted by the posting date and time for consideration.

Incomplete applications will not be reviewed.

		Incomp	lete a	pplica	tions will not be reviewed.				
Position Applied for	Date								
Full Name	Last			First		M.I.			
Address Street Address						Apartment/Unit #			
	City				Stat	re	ZIP Code		
Phone					Email				
Do you have a valid California Driver's Y License?			YES	NO	You may be required to provide proof of Driver's License				
Are you a citizen of the United States?			YES	NO					
Do you have any relatives working for the Town of Tiburon, City of Belvedere or this Library?			YES	NO	If yes, please provide name and relation				
			_	E	ducation			_	
High School/GED)								
		a or Total completed_				onth/Year Completed			
College_					City, State				
Did gradua	you YES NO Degree ate?	or Total ompleted				onth/Year completed			
Other					City, State				
	you YES NO Degree					onth/Year			

Previous Employment

List your previous employment, starting with your present or most recent employer. Attach additional sheets if necessary. Resumes may be attached but will not be accepted as a substitute for completing this section.

Employer	Phone
Address	
Job Title	Hours Per Week
Responsibilities	
Month/Year Month/Year YE	for Leaving ES NO
Employer	Phone
Address	Supervisor
Job Title	Hours Per Week_
Responsibilities	
Employed From To Reason f	for Leaving
YE	ES NO
Employer	Phone
Address	Supervisor
Job Title	Hours Per Week
Responsibilities	
Employed From To Reason f	for Leaving
Month/Year Month/Year May we contact your previous supervisor for a reference?	ES NO

Skills and Qualifications									
Are you fluent in any languages other than English? Check all that apply									
Language			Speak		Read		Write		
Language	Understand		Speak		Read		Write		
List any skills you possess relevant to the position for which you are applying.									
List any relevant licenses or certific	cations, including t	he yea	ır issued.						
List any job-related organizations,	clubs, professiona	l servi	ce groups	, or oth	ner associa	tions to	which you	belong.	
		Refe	rences						
Please list three professional re			may be co period.	ontacte	ed at any p	oint du	ring the ap	plicatio	n and
E !! N	•	CVICV	periou.		5				
Full Name Organization/ Affiliation					•				
Address									
					D 1 "				
Full Name Organization/					Relation	snip			
٨ دد:١: - ١٠ - ١٠					Ph	one			
Address									
Full Name					Relation	ship			
Organization/ Affiliation					•	one			
Address									
Disclaimer and Signature									
I hereby certify that all statement this application leads to employm interview may result in my releas	nent, I understand	that f	alse or m	islead	ing informa	ation in	my applica	ation or	ge. If
Signature					Da	te			