

Date received _____ Contacted _____



**Augusta Memorial
Public Library**

Application for Junior Clerk

Applicant Information

Name _____ Birthdate _____

Address _____
Street Address *Apartment/Unit #*

City _____ *State* _____ *Zip Code* _____

Phone _____ Email _____

Date Available to Start: _____

Are you a citizen of the United States? Yes No
If no, are you authorized to work in the U.S.? Yes No

Education

High School _____ Address _____

Graduation Year _____

List Extra Curricular Activities _____

Skills

Summarize skills or training that may be useful to this position:

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: _____

PLEASE ATTACH 3 REFERENCES ON A SEPARATE SHEET WITH BEST METHOD OF CONTACT