

Supplemental Employment History

The Supplement Employment History form is for applicants to provide additional volunteer or work-related experience applicable to the position applied for that was not recorded on the original Employment Application. Please do not complete this form unless an Employment Application has been completed. To be considered for a Library position one Employment Application form must be completed for each position. Both the Application and the Supplemental Employment History form may be found on the Library website, or may be picked up at the Library Circulation or Information desks. Please complete the application in its entirety and answer all questions completely. Indicate N/A if not applicable. Do not indicate, "see resume." Incomplete job applications may not be given consideration for employment. Applications and supplement forms are kept on file for 30 days from the application signature date.

POSITION		DATE
NAME Last	First	MI
	Supplemental Employr	ment History
	e resume" but complete the employment history in its entirety	gin by listing information from your most recent employer or volunteer experience. Do not complete this form unless an Employment Application has already been
EMPLOYER	PHONE	DATES EMPLOYED
ADDRESS		YOUR JOB TITLE
CITY	STATE ZIP	SUPERVISOR NAME
DUTIES (LIST)		MAY WE CONTACT YOUR SUPERVISOR AS A REFERENCE?
REASON FOR LEAVING		
EMPLOYER	PHONE	DATES EMPLOYED
ADDRESS		YOUR JOB TITLE
CITY	STATE ZIP	SUPERVISOR NAME
DUTIES (LIST)		MAY WE CONTACT YOUR SUPERVISOR AS A REFERENCE?
REASON FOR LEAVING		
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EMPLOYER	PHONE	DATES EMPLOYED
ADDRESS		YOUR JOB TITLE
CITY	STATE ZIP	SUPERVISOR NAME
DUTIES (LIST)		MAY WE CONTACT YOUR SUPERVISOR AS A REFERENCE?
REASON FOR LEAVING		
Optional: Please provide any addition	Special Skills and Quantal information that will help us determine you	lifications our skills and qualifications for the position applied for.
Applicant Signature		Date