Kingman Carnegie Library 455 N. Main Kingman, KS 67068

Phone: 620-532-3061

Employment Application

		Арр	licant	Information			
Full Name:				Date:			
	Last	First			M.I.		
Address:							
	Street Address					Apartment/Unit #	
	0.1				0.1848	7/0.0	
	City				State	ZIP Code	
Phone:				Email			
Date available to start		Desired Salary ((per / hour)	Hours available per/week		
Position Ava	ailable:: Children's Depa	rtmen	t Dire	ctor			
Are you a citizen of the United States?		YES	NO	YES NO If no, are you authorized to work in the U.S.?			
Have you ever been convicted of a felony?		YES	NO				
If yes, expla	in:						
			Refe	rences			
Please list t	three professional references.						
Full Name:					Relationsh	ip:	
Company:					Phon	e:	
Address:							
Full Name:					Relationsh	ip:	
Company:					Phon	ie:	
Address:							
Full Name:				ŕ	Relationsh	ip:	
Company:					Phor	ıe:	
Address:							
Responsibil	ities:						
From:	To:			Reason for Leav	ving:		
May we con	stact them for a reference?			YES NO			

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:						

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