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LaGrange Library Employment Application

Name			Date of Application		
Street Address					
City				State	Zip Code
Phone Number	Email address		Date of Birth	Social Security #	
Emergency Contact Name			Emergency Contact Relationship	Emergency Contact Phone	
Position You're Applying For					

Employment History

Employer			Phone Number		
Job Title			Dates Employed		
Immediate Supervisor		Reason for Leaving			
Employer			Phone Number		
Job Title			Dates Employed		
Immediate Supervisor		Reason for Leaving			
Employer			Phone Number		
Job Title			Dates Employed		
Immediate Supervisor		Reason for Leaving			

Educational Background

High School

Dates Attended

Year of Graduation

College

Dates Attended

Year of Graduation

Degree

Major

College

Dates Attended

Year of Graduation

Degree

Major

Additional Information (e.g. certificates, licenses, special training, awards, skills, etc.)

References

Name

Phone Number

Relationship to Applicant

Name

Phone Number

Relationship to Applicant

Name

Phone Number

Relationship to Applicant

Signature _____ Date _____