Pioneer Library System 2557 State Route 21 Canandaigua, NY 14424 585-394-8260

Personal Information			Position
Last Name	First Name	Middle Initial	Position Desired:
			1.
Mailing Address	City	State Zip (Code 2.
Home Phone	Cell Phone	Email	Date Available

Employment History (Resume also accepted)

Describe present employment. May we contact your present employer for a reference? Yes No

From (Mo./Yr.)	Name of Employer	Your Title and kind of work performed
To (Mo./Yr.)	Address of Employer	
Employer Phone #	Supervisor	Reason for desiring to change employment

List all other employment during the past seven years. Include Military Service and periods of unemployment.

May we contact your previous employers for a reference? Yes No

From (Mo./Yr.)	Name of Employer	Your Title and kind of work performed
To (Mo./Yr.)	Address of Employer Phone Number	
Employer Phone #	Supervisor	Reason for leaving
From (Mo./Yr.)	Name of Employer	Your Title and kind of work performed
To (Mo./Yr.)	Address of Employer Phone Number	
Employer Phone #	Supervisor	Reason for leaving

Equal Opportunity Employer

"At Will" Employer

Additional Information

I. Do you have a current drivers license?			□ Yes	□ No
If YES, License #:	State:	Expiration Da	ite:	
Do you have a High School Diploma or Equivalency Diploma? 🗆 Yes 🗆 No				
2. Are you legally entitled to work in the United States of A	merica? (documentation i	nust be provided-Public Law 99-603)	□ Yes	□ No

Employment References

Name	Address	Phone Number
Name	Address	Phone Number

Experience

Please list any additional relevant experience, training, education, skills or qualifications.

I certify that the statements made in this application and supplement are true and correct to the best of my knowledge and belief, and authorize investigation of all information given.

Signature

Equal Opportunity Employer

Date

"At Will" Employer