

STUDENT LIBRARY ASSISTANT APPLICATION

DATE _____

NAME _____

ADDRESS _____

AGE _____

GRADE _____

PARENT'S NAME _____

PHONE NUMBER _____

SCHOOL ACTIVITIES _____

WORK EXPERIENCE (List any type such as school jobs, babysitting, etc) _____

PLEASE GIVE TWO REFERENCES (ONE TEACHER, ONE ADULT – PLEASE GIVE NAME, ADDRESS AND PHONE NUMBER)

WHY WOULD YOU LIKE TO WORK AT THE SALEM TOWNSHIP PUBLIC LIBRARY?

WHAT SKILLS OR KNOWLEDGE DO YOU HAVE THAT WOULD HELP YOU TO BE A STUDENT LIBRARY ASSISTANT?

HOW SOON COULD YOU START TO WORK? _____

QUESTIONS OR COMMENTS _____