



Community Library Application For Personal Contractor

Name _____
Address _____ City _____ Zip _____
Telephone ____ - ____ - _____ Availability: ____ Mornings ____ Evenings ____ Weekends
Are you insured? ____ Yes ____ No Are you bonded? ____ Yes ____ No

EXPERIENCE

Project/Employer _____
Address _____ City _____ Zip _____
Telephone ____ - ____ - _____ Supervisor/Title _____
Starting Date _____ Leaving Date _____
Description of Work and Responsibilities _____

Project/Employer _____
Address _____ City _____ Zip _____
Telephone ____ - ____ - _____ Supervisor/Title _____
Starting Date _____ Leaving Date _____
Description of Work and Responsibilities _____

Project/Employer _____
Address _____ City _____ Zip _____
Telephone ____ - ____ - _____ Supervisor/Title _____
Starting Date _____ Leaving Date _____
Description of Work and Responsibilities _____

SKILLS/CERTIFICATIONS/LICENSES

I verify that all information provided by me on this application is true and correct.

Signature _____ Date _____