

II. EXPERIENCE

INSTRUCTIONS: Use the following blocks, A through E, to provide information about your previous jobs starting with your present or most recent position in Block A. Include all relevant paid, non-paid, volunteer and military experience. List promotions as separate jobs. You may provide additional information about your duties and accomplishments in a resume. If more space is needed attach additional pages with all requested information. Questions for which additional information is being given must be clearly referenced.

A	Position	Name, title & phone number of immediate supervisor
	Employer (company or organization)	Address of employer
Dates of employment (information must be completed)		
From: / /	To: / /	Number of hours worked per week:
Last Salary: \$ per		Number of employees you supervised:
Reason for leaving:		
Describe your duties, responsibilities and accomplishments below.		

B	Position	Name, title & phone number of immediate supervisor
	Employer (company or organization)	Address of employer
Dates of employment (information must be completed)		
From: / /	To: / /	Number of hours worked per week:
Last Salary: \$ Per		Number of employees you supervised:
Reason for leaving:		
Describe your duties, responsibilities and accomplishments below.		

C	Position	Name, title & phone number of immediate supervisor
	Employer (company or organization)	Address of employer
Dates of employment (information must be completed)		
From: / /	To: / /	Number of hours worked per week:
Last Salary: \$ Per	Number of employees you supervised:	
		Reason for leaving:

Describe your duties, responsibilities and accomplishments below.

D	Position	Name, title & phone number of immediate supervisor
	Employer (company or organization)	Address of employer
Dates of employment (information must be completed)		
From: / /	To: / /	Number of hours worked per week:
Last Salary: \$ Per	Number of employees you supervised:	
		Reason for leaving:

Describe your duties, responsibilities and accomplishments below.

E	Position	Name, title & phone number of immediate supervisor
	Employer (company or organization)	Address of employer
Dates of employment (information must be completed)		
From: / /	To: / /	Number of hours worked per week:
Last Salary: \$ Per	Number of employees you supervised:	
		Reason for leaving:

Describe your duties, responsibilities and accomplishments below.

12.	Are you a citizen of the U.S. or are you otherwise legally eligible for employment in the U.S.? (Anyone offered employment is required to provide proper identification and documentation of eligibility for employment in the U.S.)		YES
			NO
13.	Do you have a valid Driver's License? (Answer only if required for the position.) If yes, issued by which state?		YES
			NO
14.	May we ask your present and past employers about you?		YES
			NO
15.	Have you ever been convicted of a criminal offense including DWI or DUI in any court? If "yes", give date, place, charge, court and fine or sentence of conviction.		YES
			NO
<p>A conviction does not automatically mean that you cannot be employed. The nature of the offense and when it occurred will be considered. Give all of the facts so that a decision can be made. (Attach additional sheets, if necessary.)</p>			
16.	Please describe any additional experience (paid or volunteer), activities or accomplishments that are relevant to the position for which you are applying. Include name of organization, dates and amount of time involved.		

I hereby certify that every statement I have made in this application is true and complete to the best of my knowledge. I understand that any false or incomplete answer may be grounds for not employing me or for dismissing me after I begin work. I understand that I have to pass a physical examination, produce documentation verifying identity and employment eligibility in the United States as a condition of my employment. I may be required to verify all information given on this application. I understand that I may be required to provide a copy of my driving record if driving is a component of the job for which I am applying. I understand that this complete application is the property of the Black Gold Cooperative Library System and will not be returned. I understand that I must notify System Administration of any change in my name, address, phone number or any other pertinent information.

SIGNATURE OF APPLICANT: _____ DATE: _____

RETURN TO:
 Black Gold Cooperative Library System, 3437 Empresa Drive, Suite C, San Luis Obispo, CA 93401-7355
 Phone: (805) 543-6082