



**RECORD OF EDUCATION**

Names and Locations of Schools Attended	Did you graduate?		Courses of Study
	Yes	No	
High School			
College			Major _____ Degree _____
Other (Name and type)			

**WORK EXPERIENCE**

List below your four most recent employers, beginning with your present or last employer.

Company Name/Type of Business	Address & Phone	Dates From/To	Title of Job Held/ Name of Supervisor	Reason for Leaving

The Library has my permission to contact any of my past or present employers. Yes \_\_\_\_\_ No \_\_\_\_\_  
 If not, state reason \_\_\_\_\_

**PERSONAL REFERENCES** (Not former employers or relatives)

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_  
 Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_  
 Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

I certify that the information contained in this application is correct to the best of my knowledge. I authorize the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you. I affirm that I have a genuine intent and no other purposes in applying for a volunteer position with this organization.

\_\_\_\_\_/\_\_\_\_\_  
 Signature of Applicant / Date

**FOR OFFICE USE ONLY**

Date of interview \_\_\_\_\_  
 by: \_\_\_\_\_  
 Position \_\_\_\_\_  
 Comments: \_\_\_\_\_

Date accepted \_\_\_\_\_  
 Department \_\_\_\_\_

Employment date \_\_\_\_\_  
 In an emergency please notify: \_\_\_\_\_

Ending date \_\_\_\_\_

g:\forms\volunteer

WAIVER AND AUTHORIZATION TO RELEASE INFORMATION

I hereby authorize Research Information Services, LLC, to furnish the Manhattan Public Library, or their appointees, any information that the library requests concerning my work record, educational record, military service record, criminal record or driving record. I authorize copies of those records to be made and given to the Manhattan Public Library.

I understand that the information provided will be used by the Manhattan Public Library or their appointees in their background check of me for employment purposes. I hereby release Research Information Services, LLC and the Manhattan Public Library or their appointees, from any liability with respect to the investigation verification and/or use of any information relevant to my application for employment.

I also acknowledge that the Manhattan Public Library, or their appointees, may contact consumer reporting agencies and any other person or agency which may have information about me. I am authorizing any person to provide information to Research Information Services, LLC or the Manhattan Public Library that is relevant to my application for employment with the library.

Name: \_\_\_\_\_  
(please print full first name, middle and last name clearly)

Current address: \_\_\_\_\_  
Street Apt.#

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Previous address: \_\_\_\_\_  
Street Apt.#

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

***Please use a separate sheet if more than 2 addresses in the past 7 years***

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Driver's License Number \_\_\_\_\_ State Issued \_\_\_\_\_

Previous or other Names Used \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

A photocopy reproduction of this request shall be for all intents and purposes as valid as the original.