



HOUSTON-LOVE
LIBRARY SYSTEM

212 West Burdeshaw Street
Dothan, AL 36303

(334) 793-9767
www.dhcls.org

Job Application Form

Date: ____/____/____

Name: _____ Date of Birth: _____

Address: _____

Home Phone #: _____ Cell Phone #: _____ Email: _____

Education:

High School: _____ Grade: _____ Graduation year: _____

Other: _____

Work Experience:

1. Company Name: _____ Address: _____

Phone # _____ Contact person _____

Start Date _____ End Date _____ Beginning rate of pay _____ Ending rate of pay _____

2. Company Name: _____ Address: _____

Phone # _____ Contact person _____

Start Date _____ End Date _____ Beginning rate of pay _____ Ending rate of pay _____

Have you had any library work experience? Yes/ No If yes, where? _____

References: (Include both character and work.)

1. Name: _____ Position: _____

Address: _____ Phone #: _____

2. Name: _____ Position: _____

Address: _____ Phone #: _____

3. Name: _____ Position: _____

Address: _____ Phone #: _____

Books or Magazines read recently: _____

Computer training experience: _____

Do you have any experience working with children? yes/no

If yes, where: _____

Do you have any work experience working with the public? yes/no

If yes, where: _____

Why should the Houston-Love Memorial Library System hire you? _____

