

STUDENT EMPLOYMENT APPLICATION

Mexico-Audrain County Library District

305 W. Jackson St. - Mexico, MO 65265

(573) 581-4939 // (573) 581-7510 Fax

The Library District does not discriminate or deny services on the basis of race, color, national origin, sex, or disability.

Name _____ Date _____

Address _____

Phone _____ Email Address _____

Grade in School _____

Parents' Name (Guardian) _____

Parents' Address _____

ORGANIZATIONS AND EXTRACURRICULAR ACTIVITIES:

Are you involved in activities that might interfere with a part-time job?
(explain) _____

Teacher References (list two) _____

PREVIOUS EMPLOYMENT (LIST MOST RECENT FIRST):

Name of Firm	Dates Worked	Supervisor	Type of Work
_____	_____	_____	_____
_____	_____	_____	_____

Occupational Goal (What you hope to be doing ten years from now) _____

Plans upon graduation: Full-time work? _____ College? _____ College Major? _____

Starting Date (check when you prefer to start work) Summer _____ Fall _____ Other _____

Transportation (How will you get to work?) _____

Grade Point Average (GPA) _____ (based on a 4.0 scale)

Scheduled work hours are listed.

Please mark the hours that you would be available to work:

_____ 4:00 – 5:00 p.m.
_____ 5:00 – 6:00 p.m.
_____ 6:00 – 7:00 p.m. Wednesday only
_____ 7:00 - 8:00 p.m. Wednesday only

Every Saturday: _____ 8:30 a.m. - 1:00 p.m.

(Please turn to back side of this page)

Parents/Guardian’s permission section:

I am the parent/legal guardian (circle one) of the minor named on this employment application (the “Minor”). My minor child is _____ years of age.

My child has my permission to leave school for one or two class periods if enrolled in a school sponsored work program. I assume full responsibility for their safety and transportation to and from school and work. I will not hold the school, library, and/or coordinator responsible for any accidents during travel or work time.

I hereby give permission for my minor child to be employed by the Mexico-Audrain County Library District.

Parent/Guardian Signature _____

Parent Phone Number _____

Parent Email Address _____

Date _____

Student Signature _____