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## **Supplemental Employment History**

The Supplement Employment History form is for applicants to provide additional volunteer or work-related experience applicable to the position applied for that was not recorded on the original Employment Application. Please do not complete this form unless an Employment Application has been completed. To be considered for a Library position one Employment Application form must be completed for each position. Both the Application and the Supplemental Employment History form may be found on the Library website, or may be picked up at the Library Circulation or Information desks. Please complete the application in its entirety and answer all questions completely. Indicate N/A if not applicable. Do not indicate, "see resume." Incomplete job applications may not be given consideration for employment. Applications and supplement forms are kept on file for 30 days from the application signature date.

POSITIO	ON			DATE
NAME	Last	First	MI	SS#

## **Supplemental Employment History**

Please list your additional volunteer or work experience that is applicable to the position applied for. Please begin by listing information from your most recent employer or volunteer experience. If attaching a resume, please DO NOT indicate "see resume" but complete the employment history in its entirety. Do not complete this form unless an Employment Application has already been completed as this form is in addition to the Employment Application form.

EMPLOYER	PHONE	DATES EMPLOYED
ADDRESS		YOUR JOB TITLE
CITY	STATE ZIP	SUPERVISOR NAME
DUTIES (LIST)		MAY WE CONTACT YOUR SUPERVISOR AS A REFERENCE?
		STARTING PAY
REASON FOR LEAVING		FINAL PAY
EMPLOYER	PHONE	DATES EMPLOYED
ADDRESS		YOUR JOB TITLE
CITY	STATE ZIP	SUPERVISOR NAME
DUTIES (LIST)		MAY WE CONTACT YOUR SUPERVISOR AS A REFERENCE?
		STARTING PAY
REASON FOR LEAVING		FINAL PAY
EMPLOYER	PHONE	DATES EMPLOYED
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DUTIES (LIST)		MAY WE CONTACT YOUR SUPERVISOR AS A REFERENCE?
		STARTING PAY
REASON FOR LEAVING		FINAL PAY
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	Sp	ecial	Skills	and	Qua	lifica	atior	าร
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Optional: Please provide any additional information that will help us determine your skills and qualifications for the position applied for.		
Applicant Signature	Date	