



445 North Oates Street
Dothan, AL 36303
334-793-9767

535 Recreation Road
Dothan, AL 36303
334-699-2950
www.dhcls.org

Job Application Form

Date: ____/____/____

Position Applying For: _____ Location: _____

Name: _____ Check One- Age (16-17) : ____ (18+) ____

Address: _____

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

Education:

High School: _____ Grade: _____ Graduated: Yes or No

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: _____

List software applications proficiencies:

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 Dothan Houston County Library System hire you? _____
