

Application for Page Position

Information	:							
Name:	(last)		(first)		(mi	(middle initial)		
Address:								
(street)			(town)			(zip code)		
E-mail:		P	Phone 1:		Phone 2:_	Phone 2:		
In case of emergency, please contact:					Phone:	Phone:		
If applicable	:							
		School: _						
		vith any of the <u>Yes</u>	following: <u>No</u>	Commen	nts			
Dewey Decir Computers Computer So	·							
Special Inter	ests:							
Availability:	Please indica	ate hours you a	re available to	work				
•	Monday	Tuesday	Wednesday		Friday	Saturday	Sunday	
Library hrs	9-9	9-9	9-9	9-9	9-5	9-5	2-5	
Hours available								
		of this applicat as a teacher, e	ion please give mployers, etc.	the name, a	ddress and pho	one number o	f two personal	
Applicants si	ignature:		Date:					
Students wo students mu	rking at the li	s of age or olde	under): esponsible for f er to work after	_	-	_		
Name of Par	ent or Guardi	an:						
Signature of	Parent or Gu	ardian:		Date:				