



ALGOMA PUBLIC LIBRARY
406 Fremont St., Algoma, WI 54201 (920) 487-2295

Application for Library Aide

Date: _____

Social Security Number: _____

Full Name: _____

Address: _____

Telephone Number: _____

Email Address: _____

Preferred Communication Style: (Circle One) Phone Call Texting Email

Age as of application date (Must be 14 to apply): _____

Education: What grade has been completed: _____

References: List name, address, and telephone number of three persons (ages 18 and older) not related to you who know your qualifications.

List organizations, activities, or other work positions you are involved in and when the meet (days/times/months/semesters/etc.) Use back of sheet if you need more space.

Organization/Activity/Work	Meeting Time/Date
Ex. High School Football	August-November, Monday-Friday, 3:30pm-5:30pm