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STUDENT PAGE APPLICATION FORM

Please indicate below the Library Branch you are applying to work at:

☐ Jess Hann ☐ Legends Centre ☐ Northview ☐ McLaughlin

NAME _____
Surname Given Names (s)

ADDRESS _____
Number and Street

_____
City Postal Code

TELEPHONE _____ DATE OF BIRTH _____

NAME OF SCHOOL _____

PERSONAL REFERENCES _____
Name Phone Number

_____
Name Phone Number

PREVIOUS EXPERIENCE _____

_____

SPECIAL INTERESTS AND SKILLS _____

_____

_____

_____ _____
Date Signature of Applicant

The personal information requested on this form is collected under authority of the Public Libraries Act, 1984. It will be used to determine suitability for an interview for employment. For information about the collection contact: Chief Executive Officer, Oshawa Public Libraries, 65 Bagot Street, Oshawa, Ontario, L1H 1N2, telephone (905) 579-6111, x5212