

# Job Opportunity Form

This form will be reproduced and placed in notebooks in the Placement Center during the meeting. No other forms will be accepted for reproduction. Please print or type all requested information. To ensure that your information is reproduced legibly, please stay within the margins. Please use a separate form for each position available.

Date \_\_\_\_\_

Job title \_\_\_\_\_

Salary (*minimum required, range preferred*) \_\_\_\_\_

## Job Classification

Please check the appropriate category. Visit [www.mlanet.org/am/am2005/placement/](http://www.mlanet.org/am/am2005/placement/) for descriptions.

- Administration       Technical services  
 Public services       Other \_\_\_\_\_

## Duties/Responsibilities

## Educational Requirements

Include necessary degree(s) and discipline(s) (e.g., M.S. in library science).

## Experience or Additional Requirements

Employer's name (*institution/library*) \_\_\_\_\_

Address \_\_\_\_\_

City, State/Province, Zip/Postal code \_\_\_\_\_

Daytime telephone (*include area code*) \_\_\_\_\_

Contact person \_\_\_\_\_

Email \_\_\_\_\_

Job location (*institution/library, if different from above*) \_\_\_\_\_

**JOB #**  
For MLA office  
use only

Starting date \_\_\_\_\_

Closing date (*for applications*) \_\_\_\_\_

## Type of Institution

- Academic       Government  
 Hospital/Health agency       Social service  
 Information industry       Other \_\_\_\_\_

## MLA Academy Membership Preferred?

- Yes, required       Yes, preferred       No

## Experience Required

Please check the required number of years of experience in a library setting.

- Entry-level position       5-7 years  
 1-3 years       7+ years  
 3-5 years       Other \_\_\_\_\_

## Will a representative be available to interview applicants during the meeting?

If no, please include instructions for applicants to contact you.

- Yes       No

## Check all dates that a representative will be present:

- May 14       May 15       May 16       May 17  
 May 18       May 19

## Billing

- We are an MLA Institutional Member.

Our MLA ID# is \_\_\_\_\_

- Check made payable to MLA for \$100.00 enclosed.

- We are NOT an MLA Institutional Member.

- Check made payable to MLA for \$150.00 enclosed.

- Yes! Post this job opportunity to the MLA '05 Website at [www.mlanet.org/am/am2005/placement/](http://www.mlanet.org/am/am2005/placement/)

- Check made payable to MLA for \$50 is enclosed.

- Please bill us. Our P.O.# is \_\_\_\_\_ (*required*).



Return completed form by April 22 to:  
MLA Placement Center  
Medical Library Association  
65 East Wacker Place • Suite 1900  
Chicago, IL 60601-7298  
312.419.9094 • Fax, 312.419.8950