

Job Seeker 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.

Date

Last name First name Middle initial

Address

City, State/Province, Zip/Postal code

Daytime telephone (include area code) Work Home

Email

Location preferred (state or province/regional area/country)

Salary desired (specify minimum range)

APPLICANT #	
For MLA office use only	

Preferred job classification

Check any that apply. Visit www.mlanet.org/am/am2005/placement/ for descriptions.

- Administration Technical services
 Public services Other _____

Your total number of years of experience in a library

- 0–1 years (entry-level) 5–7 years
 1–3 years 7+ years
 3–5 years Other _____

Date available to start work _____

Education	Major	Degree/Year
<i>List college(s)/university(ies).</i>		
_____	_____	_____
_____	_____	_____
_____	_____	_____

Other Qualifications

List skills, accomplishments, awards, language competence, etc.

Experience

Please note your last or current position and your most significant previous library-related positions.

Job title, library, and dates of employment	Primary duties and responsibilities

MLA Member

Yes No

Will you be attending the meeting?

Yes No

MLA Academy Member

Yes No

Check all dates that you will be present:

May 14 May 15 May 16 May 17

List membership in other professional organizations:

May 18 May 19

Please use back of form for additional information.



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