
Name (Please print legibly)

COMMUNITY LIBRARY SPECIALIST (PART TIME)
LIBRARY BEYOND WALLS
Supplemental Application Form (SAF)

INSTRUCTIONS: Each candidate must complete this supplemental application form as part of the application and examination process. **Initial evaluation of your qualifications for this position will be determined by your responses to these questions. It is in your best interest to fully answer these questions; responses should be complete and specific.** Resumes may not provide sufficient response to these specific questions to adequately evaluate your qualifications. Clarity, conciseness and completeness of answers are also factors considered in the selection process. Address each question separately. **Type or write legibly in black ink.** Number and print your name at the top of each page submitted. On narrative questions, limit your response to no more than one page per question unless additional instructions indicate a different limit in your response(s).

PLEASE NOTE: If you are submitting this supplemental application form in person, via fax or mail, the document cover sheet in your application packet must accompany this document. You may obtain additional document cover sheets from the Human Resources Department or online by downloading an application.

1. Please describe your three years of full-time paraprofessional library or community experience which includes experience in a community library branch setting or community agency setting. In your response, include the name of your employer, dates and hours worked, and the exact duties you performed.
2. If you are substituting education for any of the required experience, please list your related coursework with the number of units awarded, or indicate any degree awarded in the education section of the application form.
3. Please describe any experience you have with each of the following:
 - a) Working with volunteers or coordinating volunteer programs;
 - b) Working with people who are coping with illness or disabilities;
 - c) Working in a single staff setting.
4. Please describe a project, if any, which you developed and initiated that assisted people in your community.

I hereby certify that my answers to the questions on this application are complete and true to the best of my knowledge. I agree and understand that any misstatement of material fact contained in this application will cause me to forfeit all rights to employment with Marin County.

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Applicant's Signature & Date