



CERTIFICATION OF EMPLOYMENT

This form should be completed by personnel who can attest to the information required concerning the applicant named below. The applicant should not complete this form regardless of position and duties in the organization. This form must be received by MLC by June 30. The form can be completed and emailed to grantsprog@mlc.lib.ms.us.

Work Information	
Local Personnel Completing the Form	
1. Applicant Name	
<input style="width: 100%; height: 20px;" type="text"/>	
2. Name of library/library system where applicant is currently employed	
<input style="width: 100%; height: 20px;" type="text"/>	
3. Date employment began	4. Number of regular scheduled hours worked per week
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
5. Person completing form	
Name	Title/Position
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
E-mail address	Phone number
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>

This form must be signed by one of the following persons as applicable to the applicant:

- For an applicant working in a public library system/ independent public library - the library system director
- For an applicant holding the position of director of a public library system/ independent public library - the head of the local administrative board

Certification

By signing below I certify this applicant is employed as scheduled as I have indicated above.

Signature

Type/Print name

Date