



Wadleigh Memorial Library

Employment Application

PERSONAL INFORMATION

Name: _____
Last First Middle

Mailing Address: _____
Street City State Zip

Email Address: _____

Home Phone Number: _____ Cell Phone #: _____

Do you have a legal right to accept employment in the United States? Yes No

Are you 18 years or older? Yes No

EMPLOYMENT DESIRED

Position applied for: _____ Salary requirement: _____

On what date would you be available to work? _____

Have you ever applied to this library before? Yes No If so, when? _____

EDUCATION & TRAINING

School Name-Highest Level Attained	Course of Study	Graduated/Completed	OFFICE USE ONLY: Evidence Verified
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Study in Progress	<input type="checkbox"/> Yes <input type="checkbox"/> No

PROFESSIONAL REFERENCES *Please list three (3)*

Reference Name	Phone	Email	OFFICE USE ONLY: Reference Verified
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

PREVIOUS EMPLOYMENT

Dates of Employment	Company Name and Address	Salary	Position	Reason for leaving

“I certify that the facts contained in the application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

“I authorize investigation of all statements contained herein to give you any and all information concerning my previous employment and any pertinent information they may have, and release all parties from all liability for any damage that may result from furnishing same to you.”

My signature below indicates that I have read, understand and agree with the statement above.

Signature: _____ Date: _____