



Wright Memorial Public Library

1776 Far Hills Avenue, Oakwood, Ohio 45419-2598
Phone (937) 294-7171 Fax (937) 294-8578
www.wrightlibrary.org

APPLICATION FOR EMPLOYMENT — PLEASE PRINT

PERSONAL INFORMATION

Today's Date _____
Last Name _____ First Name _____ Middle Name _____
Street _____ City _____ State _____ Zip _____
Daytime Phone _____ Evening Phone _____ Email _____

EMPLOYMENT DESIRED

Position(s) Applied for _____ Date Available _____
Are you available to work Full Time Part Time
Are you employed now? Yes No
How did you learn about the job for which you are applying? _____

EDUCATION

Name and Location of School	Dates Attended*	Did You Graduate?	Degree Received
High School		<input type="checkbox"/> Yes <input type="checkbox"/> No	
College/University		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Graduate/Professional		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other		<input type="checkbox"/> Yes <input type="checkbox"/> No	

* The Age Discrimination in Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 years of age.

EMPLOYMENT EXPERIENCE

List your last four jobs. Start with your present or most recent employer. Include military service or significant volunteer activities if relevant.

Dates Employed: From _____ To _____
Employer _____ Phone _____
Address _____
Supervisor _____ Phone _____ Your Job Title _____
Work You Performed _____
Your Reason for Leaving _____

Dates Employed: From _____ To _____
Employer _____ Phone _____
Address _____
Supervisor _____ Phone _____ Your Job Title _____
Work You Performed _____
Your Reason for Leaving _____

EMPLOYMENT EXPERIENCE, CONTINUED

Dates Employed: From _____ To _____
Employer _____ Phone _____
Address _____
Supervisor _____ Phone _____ Your Job Title _____
Work You Performed _____
Your Reason for Leaving _____

Dates Employed: From _____ To _____
Employer _____ Phone _____
Address _____
Supervisor _____ Phone _____ Your Job Title _____
Work You Performed _____
Your Reason for Leaving _____

May we contact all of the employers listed in the preceding section? Yes No

GENERAL

Additional skills and qualifications _____

List professional, trade, business, or civic activities and office held (You may exclude those which indicate race, color, religion, sex, or national origin.) _____

Proof of citizenship or immigration status will be required upon employment.

Employment at Wright Memorial Public Library is not for a definite period of time, and can be terminated by either the employee or Wright Memorial Public Library at any time for any reason not prohibited by law.

REFERENCES

Name two people who have known you at least one year whom we may contact. Do not include relatives or former employers.

Name	Address	Phone Number
_____	_____	_____
_____	_____	_____

APPLICANT'S STATEMENT

I certify that the answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand that this application is not and is not intended to be a contract of employment. If hired, I agree that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all policies and procedures of Wright Memorial Public Library.

Signature of Applicant _____ Date _____