



**Parkersburg
& Wood Co.
PUBLIC LIBRARY**

APPLICATION FOR EMPLOYMENT

DATE

NAME		
LAST	FIRST	MIDDLE
ADDRESS		
STREET	CITY/STATE	ZIP CODE
PHONE		ALTERNATE PHONE
ARE YOU BETWEEN THE AGES OF 18 AND 65 YEARS? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, STATE YOUR AGE:		
ARE YOU LEGALLY AUTHORIZED TO WORK IN THIS COUNTRY? <input type="checkbox"/> YES <input type="checkbox"/> NO		
PREVIOUSLY EMPLOYED BY THIS COMPANY? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, WHERE & WHEN?		
DO YOU HAVE RELATIVES EMPLOYED BY THIS COMPANY? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, LIST NAME & RELATION:		
REFERRED BY:		

POSITION APPLIED FOR	<input type="checkbox"/> PART TIME <input type="checkbox"/> FULL TIME	SALARY EXPECTED
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AVAILABILITY	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
FROM							
TO							

EDUCATION

HIGH SCHOOL	LOCATION
STUDIES PURSUED	YEAR COMPLETED 1 2 3 4 GRADUATION DATE
COLLEGE	LOCATION
MAJOR	MINOR
YEAR COMPLETED 1 2 3 4	DEGREE GRADUATION DATE
Graduate School	LOCATION
MAJOR	DEGREE GRADUATION DATE

FURTHER EDUCATION COMPLETE? <input type="checkbox"/> YES <input type="checkbox"/> NO
REMARKS

EMPLOYMENT HISTORY PLEASE LIST MOST RECENT EMPLOYMENT FIRST

EMPLOYER	EMPLOYED FROM	TO
ADDRESS		
<small>STREET</small>	<small>CITY/STATE</small>	<small>ZIP CODE</small>
IMMEDIATE SUPERVISOR		
<small>NAME</small>	<small>TITLE</small>	<small>PHONE NUMBER</small>
MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO		
YOUR DUTIES AND RESPONSIBILITIES		
REASON FOR LEAVING	RATE OF PAY	

EMPLOYER	EMPLOYED FROM	TO
ADDRESS		
<small>STREET</small>	<small>CITY/STATE</small>	<small>ZIP CODE</small>
IMMEDIATE SUPERVISOR		
<small>NAME</small>	<small>TITLE</small>	<small>PHONE NUMBER</small>
MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO		
YOUR DUTIES AND RESPONSIBILITIES		
REASON FOR LEAVING	RATE OF PAY	

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MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO		
YOUR DUTIES AND RESPONSIBILITIES		
REASON FOR LEAVING	RATE OF PAY	

EMPLOYER	EMPLOYED FROM	TO
ADDRESS		
STREET	CITY/STATE	ZIP CODE
IMMEDIATE SUPERVISOR		
NAME	TITLE	PHONE NUMBER
MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO		
YOUR DUTIES AND RESPONSIBILITIES		
REASON FOR LEAVING		RATE OF PAY

MILITARY SERVICE

BRANCH OF SERVICE		
HIGHEST RANK ATTAINED	DATES OF SERVICE FROM	TO
ARE YOU A DISABLED VETERAN? <input type="checkbox"/> YES <input type="checkbox"/> NO		

PERSONAL REFERENCES OTHER THAN RELATIVES

NAME		
LAST	FIRST	MIDDLE
ADDRESS		
STREET	CITY/STATE	ZIP CODE
PHONE	ALTERNATE PHONE	
YEARS KNOWN		

NAME		
LAST	FIRST	MIDDLE
ADDRESS		
STREET	CITY/STATE	ZIP CODE
PHONE	ALTERNATE PHONE	
YEARS KNOWN		

NAME		
LAST	FIRST	MIDDLE
ADDRESS		
STREET	CITY/STATE	ZIP CODE
PHONE	ALTERNATE PHONE	
YEARS KNOWN		

PHYSICAL STATE

IF THERE ARE ANY POSITIONS OR TYPES OF POSITIONS YOU SHOULD NOT BE CONSIDERED FOR, OR JOB DUTIES YOU CANNOT PERFORM BECAUSE OF A MEDICAL, PHYSICAL OR MENTAL DISABILITY OR HANDICAP, PLEASE DESCRIBE:

APPLICANT MAY USE THIS SPACE FOR ADDITIONAL INFORMATION

APPLICANT'S SIGNATURE **DATE**