



# PARKERSBURG AND WOOD COUNTY PUBLIC LIBRARY

3100 EMERSON AVE., PARKERSBURG WV 26104-2414

PHONE 304- 420-4587 FAX 304-420-4589

PARKERSBURG.LIB.WV.US

## APPLICATION FOR EMPLOYMENT

DATE

<b>NAME</b>		
LAST	FIRST	MIDDLE
<b>ADDRESS</b>		
STREET	CITY/STATE	ZIP CODE
<b>PHONE</b>		<b>ALTERNATE PHONE</b>
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:		

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

## EDUCATION

<b>HIGH SCHOOL</b>	<b>LOCATION</b>
<b>STUDIES PURSUED</b>	<b>YEAR COMPLETED 1 2 3 4</b> <b>GRADUATION DATE</b>

<b>COLLEGE</b>	<b>LOCATION</b>
<b>MAJOR</b>	<b>MINOR</b>
<b>YEAR COMPLETED 1 2 3 4</b>	<b>DEGREE</b> <b>GRADUATION DATE</b>

<b>Graduate School</b>	<b>LOCATION</b>
<b>MAJOR</b>	<b>DEGREE</b> <b>GRADUATION DATE</b>

**FURTHER EDUCATION COMPLETE?**    YES    NO

**REMARKS**

**EMPLOYMENT HISTORY** PLEASE LIST MOST RECENT EMPLOYMENT FIRST

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

<b>EMPLOYER</b>	<b>EMPLOYED FROM</b>	<b>TO</b>
<b>ADDRESS</b>		
<small>STREET</small>	<small>CITY/STATE</small>	<small>ZIP CODE</small>
<b>IMMEDIATE SUPERVISOR</b>		
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<b>EMPLOYER</b>	<b>EMPLOYED FROM</b>	<b>TO</b>
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<b>IMMEDIATE SUPERVISOR</b>		
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<b>YOUR DUTIES AND RESPONSIBILITIES</b>		
<b>REASON FOR LEAVING</b>	<b>RATE OF PAY</b>	

## MILITARY SERVICE

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

## PERSONAL REFERENCES OTHER THAN RELATIVES

<b>NAME</b>		
<small>LAST</small>	<small>FIRST</small>	<small>MIDDLE</small>
<b>ADDRESS</b>		
<small>STREET</small>	<small>CITY/STATE</small>	<small>ZIP CODE</small>
<b>PHONE</b>	<b>ALTERNATE PHONE</b>	
<b>YEARS KNOWN</b>		

<b>NAME</b>		
<small>LAST</small>	<small>FIRST</small>	<small>MIDDLE</small>
<b>ADDRESS</b>		
<small>STREET</small>	<small>CITY/STATE</small>	<small>ZIP CODE</small>
<b>PHONE</b>	<b>ALTERNATE PHONE</b>	
<b>YEARS KNOWN</b>		

<b>NAME</b>		
<small>LAST</small>	<small>FIRST</small>	<small>MIDDLE</small>
<b>ADDRESS</b>		
<small>STREET</small>	<small>CITY/STATE</small>	<small>ZIP CODE</small>
<b>PHONE</b>	<b>ALTERNATE PHONE</b>	
<b>YEARS KNOWN</b>		

## 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