

Weare Public Library 10 Paige Memorial Lane, Weare, NH 03281 603-529-2044 wearepl@comcast.net

Employment Application

Applicant Information								
Full Name:					Date:			
	Last	Firs	t			M.I.		
Address:								
	Street Address						Apartment/U	Init #
	City					State	ZIP Code	
Phone:				Email_				
Date Availa	ble:							
Are you a c	itizen of the United States?	YES	NO	If no ar	e vou a	uthorized to wo	YES	NO
rac you a o	mizer of the office offices.			11 110, 41	c you a	1011200 to WO		Ш
YES NO Have you ever worked for this library?				If yes,	when?_			
Have you ever been convicted of a YES Note felony?			NO					
If yes, expla	ain:							
			Edu	ıcation				
High School: Address:								
				YES	NO			
From:	To:	Did you gra	aduate	?		Diploma:		
College:			Addres	s:				
				YES	NO			
From:	To:	Did you gra	aduate	e? 🗌		Degree:		
Other:			Addres	s:				
				YES	NO			
From:	To:	Did you gra	aduate	?		Degree:		
			Refe	erences				
Please list t	hree professional reference	es.						
							ship:	
Company:						Pho	one:	

Address:			
Company:			Relationship:Phone:
Company:			Relationship:Phone:
Addross:	Previous Er		Phone:Supervisor:
Job Title:	Starting Sa	alary:\$	Ending Salary:\$
From:	To:ur previous supervisor for a reference?		ving:
Address:	Starting Sa		Phone:Supervisor:Ending Salary:\$
Responsibilities:			Eriding Salary.
From:	To:ur previous supervisor for a reference?		ving:
Company:	Starting Sa		Phone:Supervisor:
Responsibilities:			
From:	To:	Reason for Leav	ving:
May we contact you	ur previous supervisor for a reference?	YES NO	

Military Service						
Branch:	From:	To:				
Rank at Discharge: Type of Discharge:						
If other than honorable, explain:						
Disclaimer and Signature						
I certify that my answers are true and complete to the best of my knowledge.						
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.						
Signature:	Date	e:				