

Date \_\_\_\_\_

PLEASE COMPLETE ALL 3 PAGES OF THIS APPLICATION.

**Westfield Memorial Library**  
**EMPLOYMENT APPLICATION**  
*An Equal Opportunity Employer*

Name \_\_\_\_\_ Position desired \_\_\_\_\_  
Last First Middle

Current Address

\_\_\_\_\_  
Street City State ZIP

\_\_\_\_\_  
Area Code & Phone Number

\_\_\_\_\_  
Area Code & Alternate Phone Number

**GENERAL INFORMATION**

Are you a citizen of the United States? Yes \_\_\_\_\_ No \_\_\_\_\_ Resident Alien? Yes \_\_\_\_\_ No \_\_\_\_\_

How soon would you be available for employment? \_\_\_\_\_

Do you require any accommodations under the Americans with Disabilities Act? (Please list)

\_\_\_\_\_

Are you 18 years old or older? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been employed by us before? Yes \_\_\_\_\_ No \_\_\_\_\_

\*If yes, give the dates you were employed \_\_\_\_\_

\*Under what name? \_\_\_\_\_

Have you ever served in the U.S. Armed Forces? Yes \_\_\_\_\_ No \_\_\_\_\_

Branch of Service \_\_\_\_\_ When \_\_\_\_\_

I certify that the information contained in this application is correct to the best of my knowledge. I understand that deliberate falsification of this information is grounds for dismissal in accordance with the Westfield Memorial Library policy.

I authorize the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing this information to you.

Please review the information you have given for correctness and accuracy. You may attach a resume to this application or other pertinent information.

\_\_\_\_\_  
Signature of Applicant Date

**EMPLOYMENT HISTORY**

Name of Employer \_\_\_\_\_ Type of Business \_\_\_\_\_ Dates employed  
From \_\_\_\_\_ To \_\_\_\_\_

Address \_\_\_\_\_  
Number Street Area Code & Phone Number  
\_\_\_\_\_  
City State ZIP

Starting Pay \_\_\_\_\_ Pay at Leaving \_\_\_\_\_

Supervisor's Name and Title \_\_\_\_\_

Duties \_\_\_\_\_  
\_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Name of Employer \_\_\_\_\_ Type of Business \_\_\_\_\_ Dates employed  
From \_\_\_\_\_ To \_\_\_\_\_

Address \_\_\_\_\_  
Number Street Area Code & Phone Number  
\_\_\_\_\_  
City State ZIP

Starting Pay \_\_\_\_\_ Pay at Leaving \_\_\_\_\_

Supervisor's Name and Title \_\_\_\_\_

Duties \_\_\_\_\_  
\_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Provide any name(s) used, if other than that shown, while employed by said employers:  
\_\_\_\_\_  
\_\_\_\_\_

REFERENCES (Individuals for whom you have worked or volunteered. Please include a name, phone number, address, job title)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

