

WALES PUBLIC LIBRARY

77 Main St
P.O. Box 243
Wales, MA 01081

413-245-9072

413-245-9098 Fax

wales@cwmar.org

EMPLOYMENT APPLICATION

NAME _____

ADDRESS _____ PHONE _____

EDUCATIONAL BACKGROUND

INSTITUTION CITY & STATE MAJOR DATES ATTEND

WORK EXPERIENCE

EMPLOYER POSITION ADDRESS & PHONE # DATES

PERSONAL REFERENCES

NAME ADDRESS & PHONE # KNOWN HOW LONG?

WHY DO YOU WISH TO WORK IN THE LIBRARY?

**WHAT CAN YOU BRING TO THE WALES PUBLIC LIBRARY TO HELP THIS
INSTITUTION TO GROW AND PROSPER?**

**I hereby certify that all statements made in this application are correct to the best of my
knowledge.**

SIGNATURE _____ DATE _____

**I authorize the Wales Public Library Board of Trustees and/or their staff to check my
references.**

SIGNATURE _____ DATE _____