WALES PUBLIC LIBRARY

77 Main St
P.O. Box 243
Wales, MA 01081
413-245-9072
413-245-9098 Fax
wales@cwmars.org

EMPLOYMENT APPLICATION

NAME					
ADDRESS	RESSPHONE				
7					
	EDUCATION	JAL BACKG	ROUND		
INSTITUTION	CITY &	STATE	MAJOR	DATES ATTEND	
fill Ma Mag	London and all the	g etd of Shun	minemann)	Environs centify familial	
	WORK	EXPERIENC	CE	Striker Edd	
EMPLOYER	POSITION	ADDRESS	S & PHONE	# DATES	
Fire shock my	ifia tinti momentaliki	The Brand	rumdi Laidir'	FedigW edinaBollin	
V-10				Sahiolistai	
	17/0			That (1991s	
	PERSONA	AL REFEREN	NCES		
NAME	ADDI	RESS & PHO	NE# KI	NOWN 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 applic	eation are correct to the best	of my
knowledge.			
SIGNATURE	750c7c971	DATE	, <u>.</u>
	Noth a Value		
I authorize the Wale	es Public Library Board of Truste	es and/or their staff to check	my
references.			
SIGNATURE		DATE	