



The Wagnalls Memorial

150 East Columbus Street
P.O. Box 217
Lithopolis, OH 43136

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Library • Scholarships • Community Center • Theatre

Employment Application

APPLICANT INFORMATION										
Last Name			First			M.I.		Date		
Street Address					Apartment/Unit #					
City			State			ZIP				
Phone			E-mail Address							
Date Available			Social Security No.			Desired Salary				
Position Applied for										
Are you a citizen of the United States?			YES <input type="checkbox"/>		NO <input type="checkbox"/>		If no, are you authorized to work in the U.S.?		YES <input type="checkbox"/> NO <input type="checkbox"/>	
Have you ever worked for this company?			YES <input type="checkbox"/>		NO <input type="checkbox"/>		If so, when?			
Have you ever been convicted of a felony?			YES <input type="checkbox"/>		NO <input type="checkbox"/>		If yes, explain			

EDUCATION									
High School			Address						
From		To	Did you graduate?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree		
College			Address						
From		To	Did you graduate?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree		
Other			Address						
From		To	Did you graduate?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree		

REFERENCES									
<i>Please list three professional references.</i>									
Full Name					Relationship				
Company					Phone				
Address									
Full Name					Relationship				
Company					Phone				
Address									
Full Name					Relationship				
Company					Phone				
Address									

PREVIOUS EMPLOYMENT

Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

RELEVANT SKILLS, EXPERIENCE OR QUALIFICATIONS

VOLUNTEER EXPERIENCE

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
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