

WESTLAND PUBLIC LIBRARY

6123 Central City Parkway Westland, MI 48185 734-326-6123

Staff use only Received
00/00/00
Notified:
00/00/00
Filed:
00/00/00

Employment Application

Applicant Information						
Full Name	:			Date:		
	Last	First	M.I.			
Address:	Street Address		_	Apartment/Unit #		
	City		State	ZIP Code		
Phone:		Email_				
		Instruction	s			
 Please complete all pages of this application and mark n/a for items not applicable to you. Use additional sheets if necessary. All information provided will remain confidential. Please type or use blue or black pen. Print neatly. Incomplete or illegible applications will not be processed. References will be requested from finalists only. Do not include them at this time. THE WESTLAND PUBLIC LIBRARY IS AN EQUAL OPPORTUNITY EMPLOYER						
		Job Details	5			
Position de	esired:					
I would like to be considered for: Full Time Part Time Either						
Education						
Highest G	rade Completed: 7	8	☐ 11 ☐ 12	<u> </u>		
High Scho	ool:	City/State:				
From:	To:	Did you YES graduate? ☐	S NO Diploma:			

College:		City/State:			
From:	To:	Did you YES graduate?	NO		
Other:		City/State:			
From:		Did you YES graduate?	NO		
		Computer Experi	ence		
Please specify any	software/apps with	which you are famili	iar		
Operating systems	: Windows 10	☐ Macintosh ☐	iOS	Android	Other:
	List software/v	ersion/operating sy	/stem		
Word Processor					
Spreadsheet					
Databases					
Other (including library software)					
		Subjects of Special	Study	/	
Please list any spe		s, or workshops you			

		ctivities and Organizatio	
		ns, clubs and/or activities in nal origin, ancestry, sex or	n which you are involved, except those rage.
			
		Draviana Empleyment	
		Previous Employment	
Employer:			Phone:
Address:			Supervisor:
Job Title:		Starting Salary:	Ending Salary:
Responsibilities (briefly):			
From:	To:	Reason for Le	eaving:
May we contact your for a reference?	r previous supervis	sor YES NO	
Employer:			Phone:
Address:			Supervisor:
Job Title:		Starting Salary: \$	Ending Salary: \$
Responsibilities (briefly):			
From:	To:	Reason for Le	eaving:
May we contact your for a reference?	r previous supervis	sor YES NO	

Employer:			Phone:	
Address:		Supervisor:		
Job Title:	Starting Salary:		Ending Salary:	
Responsibilities (briefly):				
From:	To:	Reason for L	eaving:	
May we contact your for a reference?	our previous supervisor `	YES NO		
	Discla	nimer and Signatur	е	
I certify that my a	nswers are true and comple	ete to the best of my	knowledge.	
	leads to employment, I und rview may result in my rele		r misleading information in my	
Signature:			Date:	