

The Westport Library...

Application for Employment

The Westport Library's policy is to provide equal employment opportunities to all qualified persons without regard to race, creed, color, religious belief, sex, age, national origin, ancestry, physical or mental disability, or veteran status.

Date: _____

Last name: _____ First name: _____

Street address: _____

City: _____ State: _____ ZIP Code: _____

Contact details: Telephone (home): _____ (cell): _____

E-mail address: _____

Employment Desired:

Position applied for: _____

How did you hear about this opportunity? _____

Have you ever been employed by The Westport Library in the past? Yes No

If so, when? _____

Are you presently employed? Yes No

Are you available for full-time work? Yes No

Are you available for part-time work? Yes No

If part time, what is your availability? M T W TH FR Sat Sun

For part-time employment only: are there any days/times you are not available to work on a regular basis?

For part-time employment only: are there any days/times you are not available to work on an occasional basis?

Would you be willing to work until 9:00 PM? Yes No

Desired start date: _____ Desired salary/hourly rate: _____

Are you a U.S. citizen or otherwise authorized to work in the U.S. on an unrestricted basis? (You may be required to provide documentation) Yes No

Have you ever been convicted of a felony offense? Yes No

If yes, please explain: _____

Education:

School name and location:

Degree:

Did you graduate?

High School _____

Yes No

College /University _____

Yes No

College/University _____

Yes No

Post-college _____

Other training

In addition to your work history, are there are other skills, qualifications, or experience that we should consider?

In what software/coding/technological programs are you proficient?

Are you planning to continue your studies? Yes No

If yes, where and what course of study?

Employment History: (Start with most recent employer)

Company Name: _____

City/State: _____

Telephone: _____

Position: _____

Salary: _____

Date started: _____

Date Ended: _____

Name of Supervisor: _____

May we contact? Yes No

Responsibilities: _____

Reason for leaving?

Company Name: _____

City/State: _____

Telephone: _____

Position: _____

Salary: _____

Date started: _____

Date Ended: _____

Name of Supervisor: _____

May we contact? Yes No

Responsibilities: _____

Reason for leaving?

Company Name: _____

City/State: _____

Telephone: _____

Position: _____

Salary: _____

Date started: _____

Date Ended: _____

Name of Supervisor _____

May we contact? Yes No

Responsibilities: _____

Reason for leaving?

References:

List three professional references, including at least one prior supervisor.

Name: _____ Relationship: _____
Title: _____
Company: _____
Phone: _____
E-mail address: _____
Years known: _____

Name: _____ Relationship: _____
Title: _____
Company: _____
Phone: _____
E-mail address: _____
Years known: _____

Name: _____ Relationship: _____
Title: _____
Company: _____
Phone: _____
E-mail address: _____
Years known: _____

Please Read Before Signing:

I certify that all information provided by me on this application is true and complete to the best of my knowledge and that I have withheld nothing that, if disclosed, would alter the integrity of this application.

I authorize my previous employers, schools, or persons listed as references to give any information regarding employment or educational record. I agree that this company and my previous employers will not be held liable in any respect if a job offer is not extended, or is withdrawn, or employment is terminated because of false statements, omissions, or answers made by myself on this application. In the event of any employment with this company, I will comply with all rules and regulations as set by the company in any communication distributed to the employees.

In compliance with the Immigration Reform and Control Act of 1986, I understand that I am required to provide approved documentation to the company that verifies my right to work in the United States on the first day of employment. I have received from the company a list of the approved documents that are required.

I understand that employment at this company is "at will," which means that either I or this company can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All employment is continued on that basis. I hereby acknowledge that I have read and understand the above statements.

Signature _____

Date _____

Please provide a copy of your resume unless you have recently submitted it to The Westport Library.