



500 Main Street

Hartford, CT 06103

APPLICATION FOR EMPLOYMENT

Applicants for any position in the Hartford Public Library are considered without regard to race, color, religion, sex, national origin, marital status, or the presence of a medical condition or handicap unrelated to the position. Applicants are requested to complete this form and return it to the Human Resources Department. All answers will be treated as confidential and should be as complete as possible. (Any misrepresentation is cause for rejecting this application, and for dismissal after appointment.)

Position Applying For: _____ Date: _____

PERSONAL INFORMATION

Full Name: _____
Last First Middle Initial

Current Address: _____
Number and Street or PO Box Apt. No.

_____ City State Zip Code

Permanent Address: _____
Number and Street or PO Box Apt. No.

_____ City State Zip Code

Telephone Number _____ **Email** _____
Home Work

Are you a U.S. citizen or an alien authorized to work in the U.S.? YES ___ NO ___

Do you have any relatives working here? _____ If yes, list name(s) and relationship to you:

Name: _____ Relationship: _____

Name: _____ Relationship: _____

EDUCATION AND TRAINING

	<u>Name & Location of School</u>	<u>Major/Minor</u>	<u>Number of Yrs. Attended</u>	<u>Did you Graduate?</u>
High School	_____	_____	_____	_____
College/University	_____	_____	_____	_____
Library School	_____	_____	_____	_____
Library Training	_____	_____	_____	_____
Other Education	_____	_____	_____	_____

EXPERIENCE**LIST YOUR LAST FOUR EMPLOYERS, STARTING WITH YOUR MOST RECENT OR PRESENT**

STARTING DATE MONTH/YEAR	ENDING DATE MONTH/YEAR	NAME AND ADDRESS OF EMPLOYER	SALARY	HOURS WORKED
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JOB TITLE	REASON FOR LEAVING
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YOUR DUTIES:

STARTING DATE MONTH/YEAR	ENDING DATE MONTH/YEAR	NAME AND ADDRESS OF EMPLOYER	SALARY	HOURS WORKED
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JOB TITLE	REASON FOR LEAVING
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YOUR DUTIES:

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JOB TITLE	REASON FOR LEAVING
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YOUR DUTIES:

STARTING DATE MONTH/YEAR	ENDING DATE MONTH/YEAR	NAME AND ADDRESS OF EMPLOYER	SALARY	HOURS WORKED
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JOB TITLE	REASON FOR LEAVING
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YOUR DUTIES:

SPECIAL SKILLS OR ABILITIES: Show licenses (including driver's); machines you operate; languages other than English which you speak, read, and write well; computer skills; typing and shorthand speeds; and other special abilities or knowledge relating to the position.

REFERENCES: Give the names of three persons not related to you, who you have known or worked with at least

	<u>NAME</u>	<u>ADDRESS</u>	<u>TELEPHONE NUMBER</u>
1.	_____		
2.	_____		
3.	_____		

APPLICANT'S SIGNATURE _____ **DATE** _____