

# HARTFORD PUBLIC LIBRARY

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 Associate Librarian for Administrative Services. 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: \_\_\_\_\_  
Home Work

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

Have you ever been convicted of a felony or misdemeanor\*? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, use this space to explain:

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

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

\*Note: a conviction does not automatically disqualify an applicant from employment

### EDUCATION AND TRAINING

	<u>Name &amp; 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
JOB TITLE		REASON FOR LEAVING		

YOUR DUTIES:

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

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

NAME

ADDRESS

TELEPHONE NUMBER

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**APPLICANT'S SIGNATURE** \_\_\_\_\_

DATE \_\_\_\_\_