

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 & 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** _____