

C.H. BOOTH LIBRARY  
 25 MAIN STREET  
 NEWTOWN, CT 06470  
 TEL. (203) 426-4533  
 FAX (203) 426-2196  
 www.chboothlibrary.org



## EMPLOYMENT APPLICATION

**The C.H. Booth Library is an Equal Opportunity Employer. Applicants are considered for all positions without regard to age, sex, religion, race, color, national origin, handicap, and marital or veteran status.**

Name (please print) \_\_\_\_\_ Date \_\_\_\_\_

Phone/Cell Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Address \_\_\_\_\_  
Street Address City State Zip

Years at present address \_\_\_\_\_ Driver's License # \_\_\_\_\_

Previous Address \_\_\_\_\_

Position Desired \_\_\_\_\_ Rate of pay expected \_\_\_\_\_

Have you applied here before? \_\_\_\_\_ For what position? \_\_\_\_\_ When? \_\_\_\_\_

List any friends/relatives currently employed here \_\_\_\_\_

Are you available to work full time? \_\_\_\_\_ Part time? \_\_\_\_\_

Have you ever been discharged by an employer? \_\_\_\_\_ For what reason? \_\_\_\_\_

Are you prevented from lawfully becoming employed in this country because of VISA or Immigration Status? \_\_\_\_\_  
 (Proof of citizenship or immigration status shall be required upon employment.)

Were/are you a member of the U.S. Armed Forces? \_\_\_\_\_ Which branch? \_\_\_\_\_ Dates served \_\_\_\_\_

### EDUCATION

TYPE	NAME AND ADDRESS OF SCHOOL	COURSES MAJORED IN	LAST YEAR COMPLETED	DEGREE?	LAST YEAR ATTENDED
High School					
College					
Graduate School					
Other					

Explain any other qualifications, certifications, special skills or experiences you may have \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List all clubs and organizations you are a member of \_\_\_\_\_

\_\_\_\_\_

List your hobbies and interests \_\_\_\_\_

Do you have any physical, mental, or sensory limitations which would prevent you from doing certain kinds of work?

If so, please explain \_\_\_\_\_

**RECORD OF EMPLOYMENT**

**May we contact your present/most recent employer?** \_\_\_\_\_

Employer \_\_\_\_\_

Address \_\_\_\_\_

Position Held \_\_\_\_\_ Dates Employed \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

Employer \_\_\_\_\_

Address \_\_\_\_\_

Position Held \_\_\_\_\_ Dates Employed \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

Employer \_\_\_\_\_

Address \_\_\_\_\_

Position Held \_\_\_\_\_ Dates Employed \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

I certify that all information provided on this application is true, complete and correct to the best of my knowledge and belief and made in good faith. I understand that the information is subject to verification by the C.H. Booth Library and that incomplete, false, misleading or inaccurate information may result in the rejection of this application and that false information may result in my dismissal if employed. I authorize the investigation of all statements contained in this application.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date