

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 _____

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? _____

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	DID YOU GRADUATE?	DEGREE EARNED
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 _____