



BRADFORD MEMORIAL LIBRARY
Application for Employment

Application must be complete. Incomplete applications will not be considered for employment.

Personal Information (please print)

Date _____

Full Name _____ Social Security # _____

Address _____

Telephone (____) _____ E-mail Address _____

Position Desired _____ Date Available _____

Hours Available to work

Table with 3 columns: Day, Beginning Time, Ending Time. Rows for Saturday, Monday, Tuesday, Wednesday, Thursday, Friday.

Have you previously been an employee of Bradford Memorial Library?
Yes No If yes give details (date/supervisor) _____

Do you have friends or relatives now employed by Bradford Memorial Library?
Yes No If yes, list name and relationship? _____

Are you legally eligible for employment in the United States? Yes No

Are you able to perform the essential functions of the job you are applying for, with or without reasonable accommodation? Yes No

Have you ever been convicted of a felony? Yes No (If yes, please provide date (s) and details)
Information regarding conviction record will not necessarily bar an applicant from employment; individual circumstances will be considered relative to the job sought.

Education			
Level	Name and Location of School	Degree Earned	Major
High School/GED			
Vocational/Business			
College			
Military Service	Branch	Date of Entry	Date and Type of Discharge

Previous Employment (Begin with present or most recent employment)		
Company Name	Your duties/Job title	
Dates Employed	Reason for leaving	
Immediate Supervisor	Phone Number	can we contact? yes/no
Company Name	Your duties/Job title	
Dates Employed	Reason for leaving	
Immediate Supervisor	Phone Number	can we contact? yes/no
Company Name	Your duties/Job title	
Dates Employed	Reason for leaving	
Immediate Supervisor	Phone Number	can we contact? yes/no

Professional References (List 3 references who are not listed above or relatives)	
Name	Occupation/Relationship/Years known
Address	Phone number
Name	Occupation/Relationship/Years known

Address	Phone number
Name	Occupation/Relationship/Years known
Address	Phone number

Experience/skills

Circle Proficiency	Use Daily	Use Occasionally	Have not used
Keyboarding	1	2	3
Microsoft Windows	1	2	3
Microsoft Word	1	2	3
Microsoft Excel	1	2	3
Microsoft PowerPoint	1	2	3
Email	1	2	3
Data Entry	1	2	3
Internet	1	2	3

Please list any other skills/qualifications

PLEASE READ CAREFULLY BEFORE SIGNING.

I hereby certify that information furnished by me in this application, or in any resume I have supplied, is true and correct. I agree that any false statement made by me or my failure to answer completely any applicable questions on this application will be sufficient cause for my release from employment. I authorize my former employers and any other persons or organizations to provide any accurate and current information they have about my background, and I release all concerned from any liability in connection therewith. I agree to abide by all working rules and regulations. I understand that if I am selected for employment, such employment is not for a definite period of time and may be terminated at any time by either party subject to policies governing termination. I understand that if employment is offered, The Bradford Memorial Library retains the right to require me to complete a medical history questionnaire and/or take a physical examination by a physician selected by The Bradford Memorial Library. I further understand that an offer of employment is conditional upon the results of any such medical history questionnaire and/or physical examination

Signature

Date