



### **Kent Library Association**

#### **Job Application Form**

##### **PERSONAL INFORMATION:**

Name \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Phone Number (\_\_\_\_) \_\_\_\_\_ Social Security Number \_\_\_\_\_

E-mail address: \_\_\_\_\_

Are you eligible to work in the United States?

Yes \_\_\_\_\_ No \_\_\_\_\_

If you are under age 18, do you have an employment/age certificates?

Yes \_\_\_\_ No \_\_\_\_

Have you been convicted of or pleaded no contest to a felony within the last five years?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

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##### **POSITION/AVAILABILITY:**

Position Applied For \_\_\_\_\_

Days/Hours Available:

Monday \_\_\_\_\_

Thursday \_\_\_\_\_

Tuesday \_\_\_\_\_

Friday \_\_\_\_\_

Wednesday \_\_\_\_\_

Saturday \_\_\_\_\_

What date are you available to start work? \_\_\_\_\_

**PO Box 127 Kent CT 06757**

**T: 860-927-3761**

**F: 860-927-1427**

**[www.kentmemoriallibrary.org](http://www.kentmemoriallibrary.org)**

**EDUCATION:**

Name and Address of Schools - Degree/Diploma - Graduation Date

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Skills and Qualifications: Licenses, Skills, Training, Awards

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**EMPLOYMENT HISTORY:**

Present Or Last Position:

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Position Title: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

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Salary: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

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**Previous Position:**

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Position Title: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

Responsibilities: \_\_\_\_\_  
\_\_\_\_\_

Salary: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

**May We Contact Your Present Employer?**

Yes \_\_\_\_\_ No \_\_\_\_\_

**References:**

Name/Title Address Phone

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I certify that information contained in this application is true and complete. I understand that false information may be grounds for not hiring me or for immediate termination of employment at any point in the future if I am hired. I authorize the verification of any or all information listed above.

Signature \_\_\_\_\_ Date \_\_\_\_\_