



**Kent Memorial Library**  
***Read. Learn. Imagine.***

**Job Application Form**

**PERSONAL INFORMATION:**

Name \_\_\_\_\_

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

City, State, Zip Code \_\_\_\_\_ E-mail \_\_\_\_\_

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

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: \_\_\_\_\_

\_\_\_\_\_

**POSITION/AVAILABILITY:**

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

Days/Hours Available:

Monday \_\_\_\_\_

Thursday \_\_\_\_\_

Tuesday \_\_\_\_\_

Friday \_\_\_\_\_

Wednesday \_\_\_\_\_

Saturday \_\_\_\_\_

Sunday \_\_\_\_\_

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

**EDUCATION:**

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

---

---

---

---

---

Skills and Qualifications: Licenses, Skills, Training, Awards

---

---

**EMPLOYMENT HISTORY:**

Present Or Last Position:

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

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

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

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

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

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

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

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

---

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

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

**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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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 \_\_\_\_\_