

CALGARY PUBLIC LIBRARY EMPLOYMENT APPLICATION FORM

PERSONAL INFORMATION

First Name: _____ Last Name: _____
 Address: _____ City: _____ Province: _____ Postal Code: _____
 Phone: Residence: _____ Business/Cell: _____ E-mail: _____

AVAILABILITY AND JOB POSITION

POSITION (see over)	STATUS	HOURS OF AVAILABILITY							
<input type="checkbox"/> Customer Service <input type="checkbox"/> Librarian <input type="checkbox"/> Information Services <input type="checkbox"/> Library Shelver <input type="checkbox"/> Library Support <input type="checkbox"/> Specialist <input type="checkbox"/> Page (ages 14 to 17)	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> On-call <input type="checkbox"/> Summer Student		Mon	Tue	Wed	Thu	Fri	Sat	Sun
		From							
		To							

PREFERRED LOCATION: Any branch SW branches SE branches Specific branch(es): _____
 Central NW branches NE branches _____

EDUCATION AND TRAINING

Area of Study and/or Major	Institution	Level Completed

EMPLOYMENT HISTORY

Current/most recent employer: _____ **Dates of employment:** _____
 Supervisor's name: _____ Phone number: _____
 Your position and duties: _____

Previous Employer: _____ **Dates of employment:** _____
 Supervisor's name: _____ Phone number: _____
 Your position and duties: _____

Do you have any experience working in libraries? _____

Are you legally permitted to work in Canada? Yes No Do you have a criminal record? Yes No
 Do you have relatives employed by the Calgary Public Library? Yes No If yes, have you received a pardon? Yes No

REFERENCES (preferably work-related)

NAME	OCCUPATION	RELATIONSHIP	PHONE NUMBER

Library work is physical in nature. I understand that I may be required to pass a medical examination designed to take into consideration the work to be performed, and maintain the ability to physically perform this throughout my employment. I certify that the statements made by me are true and complete. I understand and agree that a false statement will disqualify me from employment or result in dismissal. I authorize the Calgary Public Library to contact my references.

Signature: _____ **Date:** _____