EMPLOYMENT APPLICATION
Memorial and Library Association
44 Broad Street
Westerly, RI 02891

Memorial and Library Association is an equal opportunity employer and affords equal opportunity to all applicants for all positions without regard to race, color, religion, gender, national origin, age, disability, veteran status or any other status protected under local, state or federal laws.

(PLEASE PRINT IN INK)

Position(s) Applied For	**Date of Application**

Last Name	**First Name**	**Middle Name**

Address	**City**	**State**	**Zip Code**

Telephone Number	**Alternate Number**	**Social Security Number (If available)**

How Did You Hear About Us?
[] Newspaper Ad [] Employment Agency [] Current Employee _____

[] Other _____

Are you legally eligible to work in the United States? **YES [] NO []**

(Proof of eligibility will be required upon offer of employment)

Are you over the age of 18 years? **YES[] NO []**

(If no, you may be required to provide authorization)

Can you with or without reasonable accommodation perform the essential functions of this job? ***(If you have any questions about the functions of the job, please ask the interviewer before answering this question.)*** **YES[] NO []**

Have you ever applied to Memorial and Library Association before? ***(If yes, please give date.)*** **YES[] NO []**
_____

Have you ever worked for Memorial and Library Association before? ***(If yes, please give date.)*** **YES[] NO []**
_____

Have you ever been convicted of a felony? ***(A conviction will not necessarily disqualify you.)*** **YES[] NO []**

If yes, please explain: _____

_____

Is anyone related to you employed by Memorial and Library Association? **YES[] NO []**

If yes, please give their name and relationship to you. _____

Have you ever been fired or asked to resign from a job? **YES[] NO []**

If yes, please explain._____

_____

On what date would you be available to work? _____

Days and Hours Available: (If employed, I will notify my supervisor in writing, should my availability change.)

Day	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
AM							
PM							

EDUCATION

	Name and Location of School	Course of Study or Major	# of Years Completed	Diploma/ Degree
Elementary				
High School				
College				
Graduate				
Vocational				

Please list any academic honors, scholarships, offices held, etc. ***(Do not list any which reflect your race, color, religion, gender, national origin, age, disabilities or veteran status.)***

Describe any specialized training, apprenticeships, licenses or skills.

Have you received any job-related training in the United States Military? YES [] NO []
Please give dates and explanation:

EMPLOYMENT HISTORY ***(Begin with current or most recent employer.) Do not exclude any employment. Include any applicable temporary employment attach another sheet if necessary. Previous salaries or wages will not be used to determine compensation at [COMPANY].)***

Company Name	**Employment Dates** **From To**	**Salary** **Start End**	**Name and Title of Supervisor**
Address		$ $	
	Describe your duties:		
Phone			
Reason for leaving and explanation			

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	Describe your duties:		
Phone			
Reason for leaving and explanation			

Please provide any other information that you feel will help us in considering your application for employment.

REFERENCES (Please list three persons, who are not related to you or previous supervisors, who can provide professional references.)

Name	Address	Phone Number	Relationship / Occupation	Years Known

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APPLICANT ACKNOWLEDGEMENT AND AUTHORIZATION

PLEASE READ CAREFULLY BEFORE SIGNING

I hereby certify that all of the information provided by me in this application (or any other accompanying or required documents) is correct, accurate and complete to the best of my knowledge. I understand that the falsification, misrepresentation or omission of any facts in said documents will be cause for denial of employment or immediate termination of employment regardless of the timing or circumstances of discovery.

I understand that submission of an application does not guarantee employment. I further understand that, should an offer of employment be extended by Memorial and Library Association that such employment with Memorial and Library Association is at will, for no specified duration and may be terminated by either Memorial and Library Association or myself at any time, with or without cause or notice. I understand that none of the documents, policies, procedures, actions, statements of Memorial and Library Association or its representatives used during the employment process is deemed a contract of employment real or implied. I understand that no representative of Memorial and Library Association except the Executive Director has the authority to enter into any agreement guaranteeing any conditions of employment or any agreement contrary to the foregoing statements and that any such agreements must be made in writing and signed by the Executive Director of Memorial and Library Association.

In consideration for employment with Memorial and Library Association, if employed, I agree to conform to the rules, regulations, policies and procedures of Memorial and Library Association at all times and understand that such obedience is a condition of employment. I understand that due to the nature of Memorial and Library Association business, attendance and punctuality are considered essential requirements of every job at Memorial and Library Association and that poor attendance or tardiness will result in disciplinary action.

I understand that if offered a position with Memorial and Library Association, I may be required to submit to a pre-employment medical examination, drug screening and background check as a condition of employment. I understand that unsatisfactory results from, refusal to cooperate with, or any attempt to affect the results of these pre-employments tests and checks will result in withdrawal of any employment offer or termination of employment if already employed.

I herby authorize any and all schools, former employers, references, courts and any others who have information about me to provide such information to Memorial and Library Association and/or any of its representatives, agents or vendors and I release all parties involved from any and all liability for any and all damage that may result from providing such information.

I understand that this application is considered current for three months. If I wish to be considered for employment after this period I must fill out and submit a new application.

BY SIGNING BELOW I ACKNOWLEDGE THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ABOVE STATEMENTS.

_____

Signature **Date**

Name and number of person completing this form if other than applicant:

_____

Memorial and Library Association IS PROUD TO BE AN EQUAL OPPORTUNITY EMPLOYER. ALL QUALIFIED APPLICANTS WILL RECEIVE CONSIDERATION WITHOUT REGARD TO RACE, COLOR, RELIGION, GENDER, NATIONAL ORIGIN, AGE, DISABILITY, VETERAN STATUS OR ANY OTHER STATUS PROTECTED BY LAW.