

EMPLOYMENT APPLICATION

Memorial and Library Association
44 Broad Street
Westerly, RI 02891

The 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.

Position Applied For		Date of Application	Preferred Pronouns	
Last Name	First Name		Middle Name	
Address		City	State	Zip Code
Telephone Number		Email Address		
How Did You Hear About Us?				

Are you legally eligible to work in the United States?
(Proof of eligibility will be required upon offer of employment) _____

Are you over the age of 18 years?
(If no, you may be required to provide authorization) _____

Can you perform the essential functions of this job?
If no, please share what reasonable accommodation you may need: _____

Have you ever applied to Memorial and Library Association before?
(If yes, please give date) _____

Have you ever worked for Memorial and Library Association before?
(If yes, please give date) _____

Is anyone related to you employed by Memorial and Library Association?
If yes, please give their name and relationship to you. _____

Have you ever been fired or asked to resign from a job? _____

If yes, please explain:

On what date would you be available to start work? _____

Days and Hours Available – Please share the hours and days you are available:

Day	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
AM						
PM						

EDUCATION

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

Please list any academic honors, scholarships, offices held, etc.

Describe any specialized training, apprenticeships, licenses or skills:

Have you received any job-related training in the United States Military? _____

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.*

Company Name	Employment Dates From: To:	Name and Title of Supervisor
Address		Phone #
Describe your duties:		
Reason for leaving and explanation:		

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Address		Phone #
Describe your duties:		
Reason for leaving and explanation:		

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

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

Name	Address	Phone #	Relationship /Organization	Years Known

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 the 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-employment tests and checks will result in withdrawal of any employment offer or termination of employment if already employed.

I hereby 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:

THE 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.