Town of Glastonbury ~ Welles-Turner Memorial Library

Seasonal and Part-Time Employment Application

Date
Title of position being applied for

Instructions: PRINT CLEARLY – DO NOT TYPE

Address (street address, city, state, ZIP) Phone #	Applicant I	nformation						
Phone # Email address	Name							
Have you ever been convicted for violation of any law other than minor traffic regulations?	Address (stree	t address, city, state	, ZIP)					
Have you ever been convicted for violation of any law other than minor traffic regulations?	Phone #			Email address				
## Do you have a valid driver's license? Do you have a valid driver's license? Yes No	Social Security	<i>'</i> #						
## Do you have a valid driver's license? Do you have a valid driver's license? Yes No								
Do you have a valid driver's license? Highest level of education completed Name of school Cocation of school Cocation of school			for violation	of any law o	other than minor traffic regul	ations?		
Dates Hours Available for Work Specify dates: Check (✓) appropriate times Spring From To Mornings Afternoons Evenings Weekends Summer From To Mornings Afternoons Evenings Weekends Winter From To Mornings Afternoons Evenings Weekends Winter From To Mornings Afternoons Evenings Weekends Winter From To Mornings Afternoons Evenings Weekends Weekends Winter From To Mornings Afternoons Evenings Weekends Weeken								
Dates/Hours Available for Work Specify dates: Check (*) appropriate times				Name of sch				
Spring From To Mornings Afternoons Evenings Weekends Summer From To Mornings Afternoons Evenings Weekends Fall From To Mornings Afternoons Evenings Weekends Fall From To Mornings Afternoons Evenings Weekends Winter From To Mornings Afternoons Evenings Weekends Certification Check (*) all that apply Expiration date Certifying agency Lifeguard training First aid Share Service Ser	riighest level o	education complete	eu	Name or son	1001	Education of School		
Spring From To Mornings Afternoons Evenings Weekends Summer From To Mornings Afternoons Evenings Weekends Fall From To Mornings Afternoons Evenings Weekends Winter From To Mornings Afternoons Evenings Weekends Winter From To Mornings Afternoons Evenings Weekends Certification Check (*) all that apply Expiration date Certifying agency Lifeguard training First aid WSI BLS-CPR Other (specify): Other (specify):	Dates/Hou	rs Available fo	r Work					
Summer From To Mornings Afternoons Evenings Weekends Fall From To Mornings Afternoons Evenings Weekends Winter From To Mornings Afternoons Evenings Weekends Weekends Certification Check (*) all that apply Expiration date Certifying agency Lifeguard training First aid WSI BLS-CPR Other (specify): Other (specify):			1 00		Check (✓) appropriate times			
Fall From To Mornings Afternoons Evenings Weekends Winter From To Mornings Afternoons Evenings Weekends Weekends Weekends Weekends Certification Check () all that apply Expiration date Certifying agency Lifeguard training First aid WSI BLS-CPR Other (Specify): Other (specify):	Spring	From			☐ Mornings ☐ Afte	ernoons		
Winter From To Mornings Afternoons Evenings Weekends Certification Check () all that apply Expiration date Certifying agency Lifeguard training First aid WSI BLS-CPR Other (Specify): Remarks	Summer	From	То		☐ Mornings ☐ After	ernoons		
Certification Check (*\forall \) all that apply	Fall	From	То		☐ Mornings ☐ Afte	ernoons		
Check (✓) all that apply Expiration date Certifying agency Lifeguard training First aid WSI BLS-CPR Other CPR Other (specify): Remarks	Winter	From	То		☐ Mornings ☐ Afte	ernoons		
□ Lifeguard training □ First aid □ WSI □ BLS-CPR □ Other CPR □ Other (specify): Remarks	Certification	DN						
□ First aid □ WSI □ BLS-CPR □ Other CPR □ Other (specify): Remarks	Check (✓) all that apply				Expiration date	Certifying agency		
□ WSI □ BLS-CPR □ Other CPR □ Other (specify): Remarks	☐ Lifeguard training							
□ BLS-CPR □ Other CPR □ Other (specify): Remarks	☐ First aid							
□ Other CPR □ Other (specify): Remarks	□ WSI							
Other (specify): Remarks	□ BLS-CPR							
Remarks	☐ Other CPR							
	☐ Other (spe	ecify):						
Use this space for any additional information which would be of value for the job for which you are applying (use additional paper if needed)	Remarks							
		for any additional in	formation whic	h would be of	value for the job for which you a	are applying (use additional paper if needed)		

Employment History

Most recent first

Most recent first	
Employer	Position
Address (street address, city, state, ZIP)	Salary
Dates of employment From: □ Full-time □ Part-time	
Brief description of duties	
Reason for leaving	
Employer	Position
Address (street address, city, state, ZIP)	Salary
Dates of employment From: To: □ Full-time □ Part-time	
Brief description of duties	
Reason for leaving	
References	
Two (2) people familiar with your work (e.g., teachers, people for whom you baby-sit, ne Two (2) written employment reference forms may be required.	ighbors, former employers).
Name	Phone #
Relationship	
Name	Phone #
Relationship	
Certification	
I certify that there are no misrepresentations, omissions or falsifications in the foregoing entries above made by me are true, complete and correct to the best of my knowledge and	
or falsification may be grounds for dismissal.	
In the event that I am employed by this town, I agree to comply with all of its orders, rule Glastonbury makes no guarantee of continued employment. Only the Town Council and	
employment contract and then, only in a written agreement signed by all parties.	
I understand that failure to follow directions and complete all sections of this application the recruitment process.	is grounds for immediate dismissal from
Signature	Date

Note: Applications are kept on file for two (2) years. As employment opportunities arise, applications are reviewed, and qualified candidates are contacted.