



Coquitlam Public Library
 575 Poirier Street
 Coquitlam, British Columbia
 P: 604-937-4130 F: 604-931-6739

APPLICATION FOR EMPLOYMENT

Position Information

Position Applied For	Availability <input type="checkbox"/> Evenings <input type="checkbox"/> Weekends <input type="checkbox"/> Any time	Desired Status <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> On Call
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Personal Information

Legal Name		Preferred Name	
Address			
City	Province	Postal Code	
Home Phone	Cellular Phone	Email	

General Information

Are you legally entitled to work in Canada?
Have you ever been convicted of a Criminal or Summary Conviction Offence? If yes, please explain.*
Have you previously been employed by the Coquitlam Public Library? If so, please provide position, dates, and Supervisor's name.
Do you have any relatives currently employed by the Coquitlam Public Library? If so, please provide names and relationship.
Do you have a disability of illness which may impair your ability to perform the duties of the position applied for? If yes, please explain.
How many days of work have you missed due to illness, injury or disability in the last two years?

* The disclosure of a criminal record will not necessarily preclude you from the position you have applied for. The Library will assess the information provided in order to determine if the conviction is related to your intended employment.

Additional Courses, Seminars or Training

Name and Location of Provider	Name of Course, Seminar or Training Program	Credential/Certification Attained	Dates	
			Start	End

Personal Skills

Please list computer program skills and level of experience (advanced, intermediate or beginner)
Please list all languages (spoken, written or both)

Education

Name and Location of School or Institution	Name of Course, Program or Major Field of Study	Credential Attained	Dates	
			Start	End
Secondary or High School				
College or University				
Post Graduate or Other				

Work Experience

Present or Last Employer		Date Started	Date Ended
Address	Phone Number	Position Title	
Type of Business		Supervisor's Name and Title	
Duties		Reason for Leaving	
Employer		Date Started	Date Ended
Address	Phone Number	Position Title	
Type of Business		Supervisor's Name and Title	
Duties		Reason for Leaving	
Employer		Date Started	Date Ended
Address	Phone Number	Position Title	
Type of Business		Supervisor's Name and Title	
Duties		Reason for Leaving	

Other

What attracts you to the position for which you are applying?
Is there anything else that we should know about you?

I hereby certify that the information given by me in this application is true and complete to the best of my knowledge. I understand and agree that falsification or omission of information called for will make me subject to discharge from employment. I give my permission for the Coquitlam Public Library, and it's appointed representatives, to contact my former employers for reference. I understand that for certain positions I may be required to satisfactorily undergo a criminal record search, be bondable and/or produce a satisfactory Driver's License and/or Driver's abstract. I agree that in such case the Coquitlam Public Library may investigate, in any way it deems necessary, for the purposes of employment.

Applicant Name

Applicant Signature

Date Signed

While the Coquitlam Public Library appreciates your interest, only those candidates selected for an interview will be contacted. Applications will be kept on file for six months, at which time they will be destroyed.