Western Counties Regional Libr <mark></mark> ry	Employment Application Form 405 Main Street, Yarmouth, NS B5A 1G3 Telephone: 902-742-2486 Email: officemanager@westerncounties.ca			
Name				
Address				
Postal Code	Telephone			
Email _				
	for all positions with Western Counties Regional Library in the manner specified. Failure result in your application not being considered. All applications must include a resume er.			
Position appli	ied for			

Which Library Branch? _____

Education

	Institution	Year(s) Attended (List years)	Degree(s) and/or Certificate(s) Obtained				
College/University							
High School							
Other (special training							
courses, etc.)							

Volunteer Activities

Please Note: All appointments are on the condition of satisfactory Criminal Records and Child Abuse Registry checks.

Employment History (List most recent job first)

Employer Name	Address	Telephone
Supervisor		
Date Employed From	То	Full Time
Position Held		
Duties and Responsibilities		
Reason for Leaving		
Employer Name	Address	Telephone
Supervisor		
Date Employed From	То	Full Time Part Time Hrs/Week
Position Held		
Duties and Responsibilities		
Reason for Leaving		
Employer		
Employer Name	Address	Telephone
Supervisor		
Date Employed From	To	Full Time
Position Held		
Duties and Responsibilities		
Reason for Leaving		

References – You will be required to provide the names of three references with name, address and telephone number if you are called for an interview.

May we contact your present employer?	Yes 🗆	No 🗆	If No, please explain.
May we contact your previous employer(s)?	Yes 🗆	No 🗆	If No, please explain.

Family Relationship Disclosure

Please indicate whether the position you are applying for would have you working with a family member. For the purposes of this section, family member includes spouse, child, parent, grandparent, grandchild, sibling, or aunt and uncle as well as a relative permanently residing in your household.

No family relationship
Family Relationship

I declare that the information contained in this application is accurate and complete to the best of my knowledge. I understand that failure to provide accurate and complete information may affect my application and/or future employment.

Signature

Date

Revised July 2022 Contact: Office Manager