

APPLICATION FOR EMPLOYMENT LIBRARIAN

IMPORTANT: Please read the following instructions before completing this application.

A Masters degree in librarianship from an ALA accredited university is required.

- 1. The information on this form is being collected to process your application for employment in accordance with the Freedom of Information and Protection of Privacy Act and under the authority of the Library Act for the purpose of determining your eligibility for employment.
- 2. Please submit a resume AND complete and sign this form.
- **3.** Please print in ink when completing this application form.
- 4. All applications are kept on file for one year and can be submitted to any branch of Burnaby Public Library.
- 5. Please be advised that BPL does **not** hire for seasonal employment.

	PERSONA	AL INFORMAT	ION				
Last Name:		*First Name(s):	*First Name(s):				
Home phone number:	Mobile phone number:	Email					
Address: Street		City	Province	Postal Code			
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	osen name – does not have t	,			
	GENERA	L INFORMATI	ON				
Do you have any relatives employed If yes, name and relationship	Yes No	Are you a Canadian Citizen or Permanent Resident? Yes No					
Do you have a valid BC Driver's Licence? Yes No Have you ever been convicted of a criminal offence for which a pardon has not been granted? Yes No There will be mandatory criminal record checks prior to hiring.							

AVAILABILITY TO WORK (Please tick ✔ box)									
	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY		
MORNING							CLOSED		
AFTERNOON									
EVENING						CLOSED	CLOSED		

Employer's Name	Position Title	Length of Service Years Months	
CLIMA	MARY OF EDUCATION		
	· · · · ·	Date Received	
Name & Location of College or University Attended	Diploma/Degree Received		(yr/mo)
	LICANT'S DECLARATION	(Please rea	ad carefully before signing
I hereby certify:			
 That all statements made in this application a misstatements of material facts herein may callibrate. 			
Library. 2. That I understand appointment to any position a. Satisfactorily completing a criminal record.	check		
b. My ability to pass a medical examination (ic. Successful completion of a probationary per	eriod		
		in reference	
 That Burnaby Public Library may contact my That if required, I will provide proof of education 			s abstract.

SUMMARY OF LIBRARIAN EXPERIENCE

Signature

Date