



Library Page Job Application

Applicant Information	
Date:	
First name:	Last name:
Address:	City and Postal Code:
Home phone:	Cell phone:
Email:	
Are you legally eligible to work in Canada?:	
<input type="checkbox"/> Yes	
<input type="checkbox"/> No	
Are you related to anyone who works at West Perth Public Library?	
<input type="checkbox"/> Yes	
<input type="checkbox"/> No	
If yes: Name: _____	
Are you related to anyone who works for the Municipality of West Perth?	
<input type="checkbox"/> Yes	
<input type="checkbox"/> No	
If yes: Name _____ Department: _____	

How did you learn about this job vacancy?:

- West Perth Public Library website
- Municipality of West Perth website
- Facebook
- Instagram
- Newspaper ad
- Other: _____

Highest Level of Completed Education:

- Grade 8
- Grade 9
- Grade 10
- Grade 11
- Grade 12
- Secondary School diploma
- Other: _____

Please describe some of your hobbies and interests:

Work/Volunteer Experience

Please list your work and/or volunteer experience, beginning with the most recent:

Date of Employment/Volunteering:	Name of Employer:
Address:	
Your Job Position:	
Your Duties and Responsibilities:	

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To include additional information, please attached a resume and/or cover letter.

References

Please provide the name and phone number of two references (non-family) who can be reached during regular business hours:

Full Name:	Phone:
Full Name:	Phone:
I declare the information provided to be true and complete, and authorize West Perth Public Library to solicit references from those named above.	

West Perth Public Library Agreement

I hereby declare that the foregoing information is true and complete to my knowledge. I understand that a false statement may disqualify me from employment, or cause my dismissal.

All employees aged eighteen (18) and older are required to provide a Criminal Record Check within the first thirty (30) days of employment. West Perth Public Library will reimburse the cost of the Criminal Record Check upon completion of three (3) months of service and the submission of the original receipt.

It is the policy of West Perth Public Library to protect the privacy of those who use the Library. I agree to hold all information about patrons, staff, and volunteers in confidence. A breach in confidentiality is immediate grounds for dismissal.

Signature: _____

Date: _____

Privacy

Personal information on this form is collected under the authority of the Freedom of Information and Protection of Privacy Act, 1989 and shall not be used or disclosed for purposes other than determining eligibility and suitability for employment at West Perth Public Library. Personal information shall be retained only for the period of time required to fulfill the purposes for which it was collected. Personal information shall be protected by safeguards that are appropriate for the sensitivity of the information collected. Questions regarding the collection of this information should be directed to the Library CEO.