

References (at least 2 persons, not related to you, whom you have known at least one year)

Name	Address	Phone	Relationship	Years Acquainted
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

Please read and sign below

I understand that my employment with the Wilton Library Association is at-will, i.e., my employment and compensation can be terminated with or without cause, and with or without notice, at any time, at the option of either the Library or myself.

I understand that my employment is contingent upon my being able to show proof of my ability to work in the United States and that I will be required to complete form (I-9) entitled "Employment Eligibility Verification" upon hire.

I certify that the answers provided above are accurate to the best of my knowledge and belief. I am aware that failure to complete this application, intentional omissions, misstatements, or falsification may result in refusal of employment or discharge.

Signature _____ Date _____

The Wilton Library Association, Inc. is an equal opportunity employer.

DO NOT WRITE BELOW THIS LINE

Interviewed by _____ Date _____

REMARKS: _____

Hired _____ Position _____ Start Date _____ Salary/Wage _____