

Application for Employment

All applicants are considered for all positions without regard to race, religion, color, sex, gender, sexual orientation, pregnancy, age, national origin, ancestry, physical/mental disability, medical condition, military/veteran status, genetic information, marital status, ethnicity, citizenship or immigration status, or any other protected classification, in accordance with applicable federal, state, and local laws. By completing this application, you are seeking to join a team of hardworking professionals dedicated to consistently delivering outstanding service to our patrons and contributing to the success of the organization, its patrons, and its employees. Equal access to programs, services, and employment is available to all qualified persons. Those applicants requiring an accommodation to complete the application and/or interview process should contact a management representative.

Position(s) applied for		Date of application		
Print full name				
Street address		City	State	ZIP
Main phone number	Alt. phone number	Email		

Education

Describe your educational background in the table provided below.

	School name	Diploma/ degree (Yes/No)	Area of study/ major	Specialized training, skills, or extracurricular activities
High school				
College/ university				
Graduate/ professional school				
Trade school				
Other				

Employment Experience

List the names of your present or previous employers in chronological order with present or most recent employer listed first. Be sure to account for all periods of time.

Name of employer	Supervisor	May we contact?	
		☐ Yes ☐ No	
Street address			
Phone number	Dates employed (month/year)		
	From	То	
Job title and duties	Reason for leaving		
Name of employer	Supervisor	May we contact?	
		☐ Yes ☐ No	
Street address			
Phone number	Dates employed (month/year)		
	From	То	
Job title and duties	Reason for leaving		
Name of employer	Supervisor	May we contact?	
		☐ Yes ☐ No	
Street address			
Phone number	Dates employed (month/year)		
	From	То	
Job title and duties	Reason for leaving		

Explain any	gaps in your employ	ment history.				
	ner experience, job-r considered.	elated skills, add	litional language	s, or other qua	alifications that	you believe
Ducinos	- and Duafaccia	nal Dafaran				
	s and Profession or of ession of the second contract of the second c			ited to you.		
Name and				·	number or ema	:1
Name and	i title		Relationship	Phone	number or ema	"
General	Information					
	ou ever worked for t	his library befor	e? □ Yes □ No			
If yes, provide dates and position:						
2. Do you	2. Do you have friends and/or relatives currently working/who have previously worked for this library?					
☐ Yes			s) and relationshi		•	,
3. On what date are you available to begin work?						
4. Days/h	ours available to wo	rk:				
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
5. Are you available to work? ☐ Full time ☐ Part time ☐ Temporary						
6. If hired, do you have a reliable means of transportation to and from work? ☐ Yes ☐ No						
oes, so year nave a remain means of transportation to and norm work. — res — no						
7. Are yo	ou at least 18 years o	ld? □ Yes □ No				

8. Are you able to perform the essential job functions reasonable accommodation? \square Yes \square No	of the job for which you are applying with or without
Note: We comply with the Americans with Disabilities Admeasures that may be necessary for qualified applicants	
Applicant Statement and Agreement	
Read and initial each paragraph below. Ask if there is an	ything that you do not understand.
	estigate my references, work record, education and ment without giving me prior notice of such disclosure.
If hired, I understand and agree that my employme the company is required to continue the employme understand that the company or I may terminate the without cause, and with or without notice.	
	application or for immediate discharge if I am
	e necessary for me to provide satisfactory evidence of ed States, and that federal immigration law requires me
I understand that if I am selected for hire, it will be documentation on the following: PA State Police C and FBI Criminal History Background Check includi	riminal History Record Check, PA Child Abuse History,
I understand that if any term, provision, or portion shall be severed, and the remainder of this Agreen	of this Agreement is declared void or unenforceable, it nent shall be enforceable.
My signature attests to the fact that I have read, under	stand, and agree to all of the above terms.
Signature:	
Name (print):	
Date:	