



# APPLICATION for EMPLOYMENT

We consider applications for all positions without regard to race, color, religion, creed, sex, national origin, disability, sexual orientation, citizenship status or any other legally protected status.

*Please Print*

Position (s) Applied For: \_\_\_\_\_ Date of Application: \_\_\_\_\_

How did you learn about us?

- Advertisement       Relative       Inquiry  
 Employment Agency       Friend       Other \_\_\_\_\_

Last Name	First Name	Middle Initial
Address	City	State      Zip
Telephone Number	Cell phone	email address

Best time to contact you at home is: \_\_\_\_\_

Have you ever filed an application with the Library?  Yes  No If yes-give date \_\_\_\_\_

Have you ever been employed at the Library?  Yes  No If yes-give date \_\_\_\_\_

Do any of your friends/relatives work at the Library?  Yes  No Whom? \_\_\_\_\_

Are you currently employed?  Yes  No

May we contact your current employer?  Yes  No

Are you permitted to lawfully become employed in this country? (Visa/Immigration Status?)  Yes  No

***Proof of citizenship or immigration status will be required upon employment.***

Date available for work \_\_\_\_\_

Are you available to work  Full-Time  Mornings  Afternoons  Evenings

Part-Time  Mornings  Afternoons  Evenings

Temporary  Mornings  Afternoons  Evenings

Are you currently on lay off status and subject to recall?  Yes  No

Can you travel if the job requires it?  Yes  No

Have you been convicted of a felony within the last five years?  Yes  No

A criminal record does not constitute an automatic bar to employment and will be considered only as it relates to the job applied for.

**THE PORT JEFFERSON FREE LIBRARY IS AN EQUAL OPPORTUNITY EMPLOYER**

Port Jefferson Free Library • 100 Thompson Street • Port Jefferson, NY 11777 • 473-0022  
portjefflibrary.org

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10/2014 - PORT JEFFERSON FREE LIBRARY



# EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities.

Employer	Dates Employed From      To	Type of Work Performed
Address		
Telephone Number(s)	Hourly Rate Starting      Final	
Job Title		
Reason for Leaving		

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*If you need additional space, please continue on a separate sheet of paper.*

List professional, trade, business or civic activities and offices held.


# AVAILABILITY

Please indicate the hours you are available to work each day. (9:00 am-9:00 pm)

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
____ am to ____ pm	____ am to ____ pm	____ am to ____ pm	____ am to ____ pm	____ am to ____ pm	____ am to ____ pm	____ am to ____ pm

Please indicate earliest starting date: \_\_\_\_\_

# EDUCATION

	Name & Address of School	Course of Study	Number of Years Completed	Diploma/Degree Received
Elementary School				
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

Describe any specialized training, apprenticeship, skills and extra curricular activities.


Describe any job related training received in the United States Military.


# ADDITIONAL INFORMATION

## Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.


State any additional information you determine may be helpful to us in considering your application.


Please list 3 References not related to you.

Name	Address	Phone

<p>Do you or any member of your family have past or current business dealing with the Port Jefferson Free Library?</p> <p><input type="checkbox"/> Yes   <input type="checkbox"/> No</p> <p>Are any of your relatives employed by the Port Jefferson Free Library or members of the Board of Trustees?</p> <p><input type="checkbox"/> Yes   <input type="checkbox"/> No</p> <p><i>Members of the Board and families of the Board and families of employees of the Port Jefferson Free Library are prohibited from being employed by the Library. Family relationships include: parent, spouse, brother, sister, son, daughter, parent-in-law, brother-in-law, sister-in-law or daughter-in-law or any other relative making their home with Board members or employees.</i></p>
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I authorize investigation of all statements contained in this application, I understand that misrepresentation or omission of facts called for is cause for dismissal.

Signature \_\_\_\_\_ Date \_\_\_\_\_