



Prospective employees will receive consideration without discrimination based on race, creed, color, sex, age, national origin, handicap, or any other condition proscribed by state or federal law.

# Application for Employment (Part-time)

PERSONAL INFORMATION:			
Last Name	First	Middle	Today's Date / /
Street Address			Home Telephone
City, State, Zip			Business Telephone
If offered a position, will you be able to provide proof of citizenship or immigration status? Ex: Social Security #, US Work Visa (Proof of citizenship or immigration status will be required upon employment.) <input type="checkbox"/> Yes <input type="checkbox"/> No			Cell Phone
If you are under 18 years of age, can you provide required proof of your eligibility to work? <input type="checkbox"/> Yes <input type="checkbox"/> No			When would you be available to begin work?
Do you have relatives employed by the library? (Staff may not directly supervise relatives, nor may they be employed in the same department.) <input type="checkbox"/> Yes <input type="checkbox"/> No   If yes: Please Specify _____			
Other special skills or training (i.e. computer skills, languages, keyboarding, etc.) _____ _____			

EMPLOYMENT AVAILABILITY:							
Please fill in the hours you are available to work.							
Day	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
From:							
To:							

EDUCATION:					
School	Name & Full Address	Course of Study	Credits/Years Completed	Did you Graduate	Degree or Diploma
High School				<input type="checkbox"/> Yes <input type="checkbox"/> No	
College				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Library or Graduate Program				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Business or Other Technical School				<input type="checkbox"/> Yes <input type="checkbox"/> No	

**EMPLOYMENT HISTORY:**

Starting with your present or most recent employer, please list all relevant employment.

**1**

Company Name	Telephone ( )
Address _____ City, State, Zip	Employed (month and year) <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time From _____ To _____
Name of Supervisor	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Job Title and Description of Work.	Reason for leaving

**2**

Company Name	Telephone ( )
Address _____ City, State, Zip	Employed (month and year) <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time From _____ To _____
Name of Supervisor	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Job Title and Description of Work.	Reason for leaving

**3**

Company Name	Telephone ( )
Address _____ City, State, Zip	Employed (month and year) <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time From _____ To _____
Name of Supervisor	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Job Title and Description of Work.	Reason for leaving

**4**

Company Name	Telephone ( )
Address _____ City, State, Zip	Employed (month and year) <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time From _____ To _____
Name of Supervisor	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Job Title and Description of Work.	Reason for leaving

<b>REFERENCES (Do not include relatives):</b>	
Name	Telephone (    )
Street Address, City, State, Zip _____	Context in which this person knows you?
Name	Telephone (    )
Street Address, City, State, Zip _____	Context in which this person knows you?
Name	Telephone (    )
Street Address, City, State, Zip _____	Context in which this person knows you?

<b>Additional Information:</b>	Memberships in professional and civic organizations, special accomplishments, awards, etc. (Exclude those which may disclose your race, color, religion, age, or national origin.)

<b>Applicant's Signature:</b>	
<p><b>Please read this statement fully before signing this application</b></p> <p>The information I have provided in this Application for Employment is true, correct and complete. Falsification or willful omission shall be sufficient cause for dismissal or refusal of employment.</p> <p>I authorize Sachem Public Library to contact and obtain information about me from previous employers, educational institutions and references provided by me in order to verify all information given on this application. Further I waive all rights and claims I may otherwise have against Sachem Public Library or its representatives, for seeking, and using information gathered from other persons, corporations or organizations to evaluate my employment request.</p> <p>I understand that this application will be active for a period of 90 Days. After that time, I must submit a new application to be considered for employment.</p> <p>This application is not an offer or an agreement for employment. If I am officially offered employment I understand that I must be able to provide proof of citizenship or verification of employment eligibility as required by the Immigration Reform and Control Act (IRCA). I also understand that I will be required to provide proper working papers if I am less than eighteen years of age.</p> <p>I understand that no one other than the Library Director has the authority to enter into an employment agreement. All employment is subject to the approval of the Director.</p> <p><b>I fully understand and accept all terms and conditions in the above statement.</b></p>	
<p>_____</p> <p><b>Date</b></p>	<p>_____</p> <p><b>Signature</b></p>

**INTERVIEW HISTORY:**

Date	Position	Interviewers

**EMPLOYMENT HISTORY CHECK:**

Employer	Person Contacted	Results
1		
2		
3		
4		

**REFERENCE CHECK:**

Person Contacted	Results

**SUPERVISOR'S APPROVAL FOR HIRE:**

Supervisor's Signature	Date
Comments: <hr/> <hr/>	
Employment Date:	Department:
Position:	Starting Salary:

**DIRECTOR'S APPROVAL FOR HIRE**

Director's Signature	Date
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