



## **Application for Employment**

Great Neck Library is an equal opportunity employer and does not discriminate against otherwise qualified applicants on the basis of race, color, creed, religion, ancestry, age, sex, marital status, national origin, disability or handicap, or veteran status, or other characteristic protected by Law.

### **PERSONAL:**

Date: \_\_\_\_\_ Available Start Date: \_\_\_\_\_

Position Desired: \_\_\_\_\_ Hourly Rate/Salary Desired \_\_\_\_\_

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

How did you hear about Great Neck Library? \_\_\_\_\_

If you are under the age of 18 years old, do you have working papers \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you ever filed an application with us before? \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you ever been employed by us before? \_\_\_\_\_ Yes \_\_\_\_\_ No

### **On what days/times are you available to work?**

Full Time       Part Time       Either

Monday     Tuesday     Wednesday     Thursday     Friday     Saturday     Sunday

Mornings       Afternoon       Evenings

Main       Lakeville       Station       Parkville

**EDUCATION:**

Schools/Colleges Attended:	Years Attended Graduated	Degree
High School _____	_____	_____
College _____	_____	_____
Grad/Prof'l _____	_____	_____
Other _____	_____	_____

Additional Educational Information: \_\_\_\_\_

**FOREIGN LANGUAGES (INSERT LANGUAGE IN EACH BOX)**

	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

**EMPLOYMENT HISTORY**

**Employer:** \_\_\_\_\_  
Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_ Phone: \_\_\_\_\_  
Describe Duties/Responsibilities/Accomplishments: \_\_\_\_\_  
\_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
Dates of Employment (Month/Year): From: \_\_\_\_\_ To: \_\_\_\_\_  
May we contact this employer? Yes \_\_\_\_\_ No \_\_\_\_\_

**Employer:** \_\_\_\_\_  
Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_ Phone: \_\_\_\_\_  
Describe Duties/Responsibilities/Accomplishments: \_\_\_\_\_  
\_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
Dates of Employment (Month/Year): From: \_\_\_\_\_ To: \_\_\_\_\_  
May we contact this employer? Yes \_\_\_\_\_ No \_\_\_\_\_

**Employer:** \_\_\_\_\_

Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Describe Duties/Responsibilities/Accomplishments: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Dates of Employment (Month/Year): From: \_\_\_\_\_ To: \_\_\_\_\_

May we contact this employer? Yes \_\_\_\_\_ No \_\_\_\_\_

**PERSONAL REFERENCES:** Please provide individual and company names, positions, addresses and phone numbers for 3 personal references. Not related to you and not a previous employer.

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

How Long? \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

How Long? \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

How Long? \_\_\_\_\_

**SPECIAL SKILLS:** Describe any special skills or qualifications:

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**APPLICANT'S CERTIFICATION AND AGREEMENT**

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge and authorize the Company to verify their accuracy and to obtain reference information on my work performance. I hereby release the Great Neck Library from any/all liability of whatever kind and nature which, at any time, could result from obtaining and having an employment decision based on such information.

I further authorize any former or present employer and former school to provide Great Neck Library any and all information including but not limited to information as to my character, habits, work ability and/or education.

I understand that, if employed, falsified statements of any kind or omissions of facts called for on this application shall be considered sufficient basis for dismissal.

I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for Great Neck Library to hire me.

I understand that should an employment offer be extended to me and accepted that I will fully adhere to the policies, rules and regulations of employment of the Employer. However, I further understand that neither the policies, rules, regulations of employment or anything said during the interview process shall be deemed to constitute the terms of an implied employment contract. I understand that any employment offered is for an indefinite duration and at will and that either I or the Employer may terminate my employment at any time with or without notice or cause.

I understand that this application remains current for only six months. At the conclusion of that time if I have not heard from the Great Neck Library and still wish to be considered for employment, it will become necessary for me to reapply and fill out a new application.

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

State former name or any other name(s) by which you were known \_\_\_\_\_

**FOR PERSONNEL DEPARTMENT USE ONLY**

Arrange Interview: \_\_\_\_\_ Yes \_\_\_\_\_ No

Remarks: \_\_\_\_\_

Interviewer 1	Name:	Date:
Interviewer 2	Name:	Date:
Interviewer 3	Name:	Date:

Employed: \_\_\_\_\_ Yes \_\_\_\_\_ No                      Effective Date: \_\_\_\_\_

Position: \_\_\_\_\_ Salary: \_\_\_\_\_ Department \_\_\_\_\_

Notes:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_