

Great Neck Library

Application for employment

Position(s) Applied For: _____

Date of Application: _____

Last Name: _____ First Name: _____ Middle Name: _____

Address: Number Street City State Zip Code

Telephone Number(s): HOME (____) _____ WORK (____) _____

E-Mail Address _____ CELL (____) _____

Social Security Number: _____ - _____ - _____

If you are under 18 years of age do you have working papers _____ YES _____ NO

Have you ever filed an application with us before? _____ YES _____ NO

If Yes, give date _____

Have you been employed with us before? _____ YES _____ NO

If Yes, give date _____

Are you currently employed? _____ YES _____ NO

May we contact your current employer? _____ YES _____ NO

Are you prevented from lawfully becoming employed in this country because of Visa or immigration status? _____ YES _____ NO

proof of citizenship or immigration status will be required upon employment.

On what date would you be available for work? _____

Are you available to work: _____ Full-time _____ Part-time _____ Either

_____ Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____ Saturday

_____ Mornings _____ Afternoons _____ Evenings _____ Sundays

_____ Main _____ Lakeville _____ Station _____ Parkville

Have you been convicted of a felony within the last seven years? _____ YES _____ NO

Conviction will not necessarily disqualify an applicant from employment

If Yes, please explain _____

Education

School

Years Completed

Degree

Major

High School _____

College(s) _____

Grad/Prof'l _____

Other _____

Additional Educational Information _____

Foreign Languages

Fluent

Good

Fair

Speak _____

Read _____

Write _____

References

Give name, address and telephone number of at least two references who are not related to you and are not previous employers.

1. _____

2. _____

3. _____

Are you physically or otherwise unable to perform the duties of the job for which you are applying? _____ YES _____ NO

Employment Experience

1. Employer

Dates employed: From _____ To _____

Address: _____

Telephone Number(s) _____

Annual Salary/Hourly Rate: _____

Job Title: _____

Supervisor's Name: _____

Reason For Leaving: _____

2. Employer

Dates employed: From _____ To _____

Address: _____

Telephone Number(s) _____

Annual Salary/Hourly Rate: _____

Job Title: _____

Supervisor's Name: _____

Reason For Leaving: _____

3. Employer

Dates employed: From _____ To _____

Address: _____

Telephone Number(s) _____

Annual Salary/Hourly Rate: _____

Job Title: _____

Supervisor's Name: _____

Reason for Leaving: _____

Applicant's Statement

I declare that the statements made in this application are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application as may be necessary in arriving at an employment decision. I further authorize any former or present employer and former school to provide The Great Neck Library any and all information including but not limited to information as to my character, habits, work ability and/or education.

In the event of employment, I understand that false or misleading information given in this application or any interview(s) may result in discharge.

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.

Date _____ Signature of Applicant _____

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

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview _____ YES _____ NO

Remarks - _____

Interviewer(s) _____ Date _____

_____ Date _____

_____ Date _____

Employed _____ YES _____ NO Effective Date _____

Position _____ Salary _____ Department _____

NOTES _____

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