



**Dansville  
Public  
Library**

200 Main Street Dansville, NY 14437  
585-335-6720 | Fax: 585-335-6133  
dansvillelibrary.org

*Where knowledge grows*

## Employment Application

*Please type or print clearly. Incomplete or illegible applications may not be processed.*

**Name:** \_\_\_\_\_ **Today's Date:** \_\_\_\_\_  
Last First M.I.

**Current Address:** \_\_\_\_\_  
Street City State Zip

**Phone:** \_\_\_\_\_ ☐ Cell ☐ Home ☐ Other

**Email Address:** \_\_\_\_\_

**Position for which you are applying:** \_\_\_\_\_

• **Are you at least 16 years of age?** ☐ Yes ☐ No

Due to NY State Labor Laws, the Library only employs individuals 16 years of age and older.

○ **If you are under the age of 18, do you have working papers?** ☐ Yes ☐ No

If hired, working papers are required for individuals under the age of 18.

• **Are you legally authorized to work in the United States?** ☐ Yes ☐ No

If hired, Form I-9, Employment Eligibility Verification, must be completed at the start of employment.

• **Do you currently have any relatives employed by the Library or serving on the Library's Board of Trustees?** ☐ Yes ☐ No

The Library's Anti-Nepotism Policy may limit employment eligibility for relatives of current employees/trustees.

• **Can you stand for long periods, reach and bend, and lift or carry at least 25lbs. with or without reasonable accommodation?** ☐ Yes ☐ No

### Availability

*Check all that apply*

| Mondays                          | Tuesdays                         | Wednesdays                       | Thursdays                        | Fridays                          | Saturdays                    |
|----------------------------------|----------------------------------|----------------------------------|----------------------------------|----------------------------------|------------------------------|
| <input type="checkbox"/> Day     | <input type="checkbox"/> Day     | <input type="checkbox"/> Day     | <input type="checkbox"/> Day     | <input type="checkbox"/> Day     | <input type="checkbox"/> Day |
| <input type="checkbox"/> Evening | <input type="checkbox"/> Evening | <input type="checkbox"/> Evening | <input type="checkbox"/> Evening | <input type="checkbox"/> Evening |                              |

### Education

**High School:** \_\_\_\_\_ ☐ Yes ☐ No  
Name Location Graduated?

**College:** \_\_\_\_\_  
Name Location In Progress/Degree Received

**Other:** \_\_\_\_\_  
Name Location In Progress/Degree Received

**Work/Volunteer Experience** (Current/most recent first)

|                                             |                                                          |                              |                                                          |
|---------------------------------------------|----------------------------------------------------------|------------------------------|----------------------------------------------------------|
| Employer's Name:                            | _____                                                    | Employer's Phone:            | _____                                                    |
| Employer's Address: _____                   |                                                          |                              |                                                          |
| May we contact?                             | <input type="checkbox"/> Yes <input type="checkbox"/> No | Volunteer (unpaid) Position? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Job Title:                                  | _____                                                    | Start Date:                  | _____ End Date: _____                                    |
| Reason for Leaving: _____                   |                                                          |                              |                                                          |
| Brief description of your job duties: _____ |                                                          |                              |                                                          |
| _____                                       |                                                          |                              |                                                          |
| _____                                       |                                                          |                              |                                                          |

|                                             |                                                          |                              |                                                          |
|---------------------------------------------|----------------------------------------------------------|------------------------------|----------------------------------------------------------|
| Employer's Name:                            | _____                                                    | Employer's Phone:            | _____                                                    |
| Employer's Address: _____                   |                                                          |                              |                                                          |
| May we contact?                             | <input type="checkbox"/> Yes <input type="checkbox"/> No | Volunteer (unpaid) Position? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Job Title:                                  | _____                                                    | Start Date:                  | _____ End Date: _____                                    |
| Reason for Leaving: _____                   |                                                          |                              |                                                          |
| Brief description of your job duties: _____ |                                                          |                              |                                                          |
| _____                                       |                                                          |                              |                                                          |
| _____                                       |                                                          |                              |                                                          |

|                                             |                                                          |                              |                                                          |
|---------------------------------------------|----------------------------------------------------------|------------------------------|----------------------------------------------------------|
| Employer's Name:                            | _____                                                    | Employer's Phone:            | _____                                                    |
| Employer's Address: _____                   |                                                          |                              |                                                          |
| May we contact?                             | <input type="checkbox"/> Yes <input type="checkbox"/> No | Volunteer (unpaid) Position? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Job Title:                                  | _____                                                    | Start Date:                  | _____ End Date: _____                                    |
| Reason for Leaving: _____                   |                                                          |                              |                                                          |
| Brief description of your job duties: _____ |                                                          |                              |                                                          |
| _____                                       |                                                          |                              |                                                          |
| _____                                       |                                                          |                              |                                                          |

## **Technical Skills**

Indicate your level of proficiency with the following:

|                                                        | Basic                    | Intermediate             | Advanced                 |
|--------------------------------------------------------|--------------------------|--------------------------|--------------------------|
| • Email Communication (Outlook, Gmail, etc.)           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Google Workspace (Shared Drives, Docs, Sheets, etc.) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Microsoft Office (Word, Excel, etc.)                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Social Media (Facebook, Instagram, etc.)             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Mobile Devices (Smartphones, tablets, etc.)          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Other: _____                                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**List any skills, qualifications, or training relevant to the position for which you are applying:**

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## **References** (Please provide at least 3 references)

|    |       |       |              |
|----|-------|-------|--------------|
| 1. | _____ | _____ | _____        |
|    | Name  | Phone | Relationship |
| 2. | _____ | _____ | _____        |
|    | Name  | Phone | Relationship |
| 3. | _____ | _____ | _____        |
|    | Name  | Phone | Relationship |

**Why are you interested in working at the Dansville Public Library?**

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*I certify that all information provided in this application is true and complete to the best of my knowledge. I authorize the Dansville Public Library to investigate the information provided and to contact my references and prior employers for relevant details.*

*I understand that providing false information may result in immediate dismissal if employed, and that submission of this application does not guarantee an interview or employment.*

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_