



## 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?  Yes  No Volunteer (unpaid) Position?  Yes  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?  Yes  No Volunteer (unpaid) Position?  Yes  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?  Yes  No Volunteer (unpaid) Position?  Yes  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:** \_\_\_\_\_