

Application for Employment at the Sewickley Public Library

Personal Information

NAME (LAST NAME FIRST)			
PRESENT ADDRESS	CITY	STATE	ZIP CODE
PERMANENT ADDRESS (IF DIFFERENT)	CITY	STATE	ZIP CODE
PHONE NUMBER	ALTERNATE PHONE NUMBER		EMAIL ADDRESS

Employment Desired

POSITION	DATE YOU CAN START
ARE YOU CURRENTLY EMPLOYED? (CHECK ONE) <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO
EVER APPLIED TO THE SEWICKLEY PUBLIC LIBRARY BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHAT POSITION DID YOU APPLY FOR, AND WHEN?

Education History

	NAME AND LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE?	SUBJECT/MAJOR
HIGH SCHOOL				
COLLEGE				
POSTGRAD				
TRADE/BUSINESS SCHOOL				

General Information

SUBJECT OF SPECIAL STUDY/RESEARCH WORK
SPECIAL TRAINING/SKILLS
ARE YOU A VETERAN OF THE U.S. MILITARY OR NAVAL SERVICE? <input type="checkbox"/> YES <input type="checkbox"/> NO

References

NAME	PHONE NUMBER	EMAIL ADDRESS	RELATION	YEARS KNOWN

CONTINUED ON OTHER SIDE

Former Employers (LIST BELOW LAST FOUR EMPLOYERS, STARTING WITH LAST ONE FIRST)

DATE MONTH AND YEAR	NAME OF EMPLOYER	EMPLOYER PHONE ADDRESS AND PHONE NUMBER	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				
FROM				
TO				

Why would you like to work for the Sewickley Public Library?

Authorization

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the Sewickley Public Library from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the Sewickley Public Library has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized library representative.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws.

I understand that a consumer credit report or criminal records check may be necessary prior to my employment. If such reports are required, I understand that, in compliance with federal law, the company will provide me with a written notice regarding the use of these reports and will also obtain a separate written authorization from me to consent to these reports. I also understand that a poor credit history or conviction will not automatically result in disqualification from employment."

In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification document form upon hire.

DATE

SIGNATURE

