

Application For Employment

The Linden Free Public Library

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age disability, marital or veteran status, sexual orientation, or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied For		Date of Application	
How Did You Learn About Us?			
_____ Internet	_____ Friend/Relative		
_____ Employment Agency	_____ Walk-In	_____ Other	_____
Last Name		First Name	Middle Name
Address	Number	Street	City State Zip Code
Telephone Number(s)		Social Security Number	

If you are under 18 years of age, can you provide required proof of your eligibility to work/or working papers? Yes No

Have you ever filed an application with us before? Yes No
If Yes, give date _____

Have you ever been employed with us before? Yes No
If Yes, give date _____

Have you ever worked for a public/government employer? Yes No
If yes identify the name of the employer, dates worked, type of separation of service.

Are you or have you ever been a member of any Public Employees Retirement System? Yes No

If yes indicate name and membership number. _____

Are you a Veteran? Yes No

If yes, have you established Veteran's preference with the N.J. Civil Service Commission Yes No

Are you engaged in any business activity or employment which you plan to continue if employed by the library? If yes, your outside employment will be subject to further review regarding conflicts of interest. Yes No

If Yes, please explain _____

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.

Are you currently employed?

On what date would you be available for work? Yes No

Are you available to work: Full Time Part Time Shift Work Temporary

Are you currently on "lay-off" status and subject to recall? Yes No

Do you have any relatives who work for the library currently?
If so please name the individuals. Yes No

If Yes, please state relative's name(s). _____

Education

	Name and Address of School	Course of Study	Years Completed	Diploma Degree
Elementary School				
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

Indicate any foreign languages you can speak, read and / or write, including sign language, in which you are proficient enough to communicate on the job and are willing to use on the job, if so please list the languages.

Describe any specialized training, apprenticeship, skills and extra-curricular activities, licenses (CDL, Trade, military, etc.)

ADDITIONAL INFORMATION

Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

Specialized Skills

Check Skills/Equipment Operated

	<u>Other Computer Programs</u>	<u>Specialized Equipment</u>
_____ Word	_____	_____
_____ Excel	_____	_____
_____ Power Point	_____	_____
_____ Billing System	_____	_____

State any additional information you feel may be helpful to us in considering your application

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A description of the activities involved in such a job or occupation is attached.

Yes _____

No _____

Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

1 .	Employer		Dates Employed		Work Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
			Starting	Final	
	Job Title	Supervisor			
	Reason for Leaving				
2 .	Employer		Dates Employed		Work Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
			Starting	Final	
	Job Title	Supervisor			
	Reason for Leaving				
3 .	Employer		Dates Employed		Work Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
			Starting	Final	
	Job Title	Supervisor			
	Reason for Leaving				
4 .	Employer		Dates Employed		Work Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
			Starting	Final	
	Job Title	Supervisor			
	Reason for Leaving				

If you need additional space, please continue on a separate sheet of paper.

List professional, trade, business or civic activities and offices held.

You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision, including the release of my personnel records from other employers, but excluding medical records unless I authorize a HIPAA release form.

This application for employment shall be considered active for a period of time not to exceed 45 days unless otherwise required by state statute or regulation requires to remain open for a longer duration. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. From your employment with the Library at the time of the Library's discovery of the false or misleading information.

I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview Yes No

Remarks: _____

Employed: Yes No Interviewer _____ Date _____

Date of Employment: _____ Hourly Rate Salary: _____

Job Title: _____ Department: _____

By: _____

Name and Title

Date

NOTES: _____

ADDITIONAL INFORMATION

Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

Specialized Skills

Check Skills/Equipment Operated

	<u>Specialized Machinery</u>	<u>Other Computer Programs</u>
_____ Word	_____	_____
_____ Excel	_____	_____
_____ Power Point	_____	_____
_____ Billing System	_____	_____

State any additional information you feel may be helpful to us in considering your application

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A description of the activities involved in such a job or occupation is attached.

_____ Yes _____ No

References

<p>1 . _____ (Name) (Phone)</p> <p>_____</p> <p>(Address)</p>
<p>2 . _____ (Name) (Phone)</p> <p>_____</p> <p>(Address)</p>
<p>3 . _____ (Name) (Phone)</p> <p>_____</p> <p>(Address)</p>

FOR PERSONNEL DEPARTMENT USE ONLY	
Position(s) Applied For Is Open:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Position(s) Considered For:	_____ _____
Date	_____

NOTES: