

Center Moriches Free Public Library

235 Main Street
Center Moriches, NY 11934

Telephone: (631) 878-0940
www.centermoricheslibrary.org

APPLICATION FOR EMPLOYMENT

TODAY'S DATE: ____/____/____

NAME: _____

STREET ADDRESS: _____

TOWN: _____ STATE: _____ ZIP: _____

TELEPHONE #: _____

EMAIL ADDRESS: _____

POSITION FOR WHICH YOU ARE APPLYING:

(CIRCLE ONLY ONE, MUST COMPLETE SEPARATE APPLICATION IF APPLYING FOR MORE THAN ONE POSITION)

PAGE

CLERK

CUSTODIAN

LIBRARIAN TRAINEE

(CURRENTLY ENROLLED IN AN ALA ACCREDITED SCHOOL FOR MLS DEGREE)

LIBRARIAN

(MUST HAVE MLS FROM AN ALA ACCREDITED SCHOOL AND NYS PUBLIC LIBRARIAN PROFESSIONAL CERTIFICATE)

WORKING HOURS AVAILABLE: MONDAY FROM _____ TO _____

TUESDAY FROM _____ TO _____

WEDNESDAY FROM _____ TO _____

THURSDAY FROM _____ TO _____

FRIDAY FROM _____ TO _____

SATURDAY FROM _____ TO _____

SUNDAY FROM _____ TO _____

(TURN OVER TO COMPLETE APPLICATION)

-APPLICATIONS WILL BE KEPT ON FILE FOR ONE YEAR-

EDUCATION

School Name and City,

State Degree /Major

Have you graduated? (Y/N)

HIGH SCHOOL: _____

COLLEGE: _____

COLLEGE: _____

TRADE/OTHER SCHOOL: _____

WORK EXPERIENCE (Please list in reverse chronological order, i.e. last job first)

Name of Employer	Address/Phone Number	Position	Dates Employed	Reason for Leaving
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

REFERENCES (Indicate references that are not related to you)

Name	Phone Number	Occupation	Relationship
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

ADDITIONAL INFORMATION (List any specialized skills, honors, training, languages spoken other than English, etc., attach resume if available)

HAVE YOU EVER BEEN CONVICTED OF A CRIME (Excluding Minor Traffic Violations)? YES * NO

*If YES, state the offense, location, date, and disposition:

By signing and submitting this application I attest that the information provided is truthful and accurate and authorize the Center Moriches Free Public Library to verify work history and contact references.

Applicant Signature _____ Date _____