

# Center Moriches Free Public Library

235 Main Street  
Center Moriches, NY 11934

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

**APPLICATION FOR EMPLOYMENT**

**DATE:** \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**NAME:** \_\_\_\_\_

**STREET ADDRESS:** \_\_\_\_\_

**TOWN:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**TELEPHONE:** \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_

**POSITION FOR WHICH YOU ARE APPLYING:**

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

**PAGE**

**CLERK**

**CUSTODIAN**

(HIGH SCHOOL DIPOLMA OR EQUIVILANT REQUIRED)

**LIBRARIAN TRAINEE**

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

**LIBRARIAN**

(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 UP TO SIX MONTHS\*

**EDUCATION**                      **SCHOOL NAME AND CITY DEGREE/MAJOR**                      **GRADUATED? (Y/N)**

HIGH SCHOOL: \_\_\_\_\_

COLLEGE: \_\_\_\_\_

COLLEGE: \_\_\_\_\_

TRADE SCHOOL/OTHER: \_\_\_\_\_

**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
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**REFERENCES (Indicate references that are not related to you)**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**ADDITIONAL INFORMATION (List any specialized skills, honors, training, languages etc., attach resume if available)**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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: \_\_\_\_\_