



## Application for Employment Equal Opportunity Employer

Date: \_\_\_\_\_

### Personal Information

Name (Last name first)		Social Security Number	
_____		____ - ____ - ____	
Present Address	City	State	Zip Code
_____	_____	_____	_____
Phone Number	Referred by		
(____) _____	_____		

### Employment Desired

Position	Date You Can Start	Salary Desired
_____	_____	_____
Are you currently employed? Yes _____ No _____	If so, may we contact your present employer? Yes _____ No _____	
Have you ever applied to a library before? _____	Where? _____	When? _____

### Education

Name and Location of School	Years Attended	Did You Graduate	Subjects Studied	Degree Earned
High School	_____	_____	_____	_____
College	_____	_____	_____	_____
Trade, Business or Correspondence School	_____	_____	_____	_____

### Former Employers

Date	Name and Address of Employer	Salary	Position	Reason for Leaving
Month and Year	_____	_____	_____	_____
From _____	_____	_____	_____	_____
To _____	_____	_____	_____	_____
From _____	_____	_____	_____	_____
To _____	_____	_____	_____	_____
From _____	_____	_____	_____	_____
To _____	_____	_____	_____	_____

**References**

Provide the names of three persons not related to you whom you have known at least one year

Name	Address and Phone Number	Years Known

**Certifications and Registrations**

Applicants must provide current copies of a Pennsylvania Child Abuse History Clearance, Pennsylvania State Police Criminal Record Check, and an FBI Criminal Background Check before hire. Forms are available at the library. Fees will be reimbursed if applicant is hired.

**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 company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company 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 company representative.

Date \_\_\_\_\_ Signature \_\_\_\_\_

-----Do Not Write Below This Line-----

Interviewed by \_\_\_\_\_ Date \_\_\_\_\_

**Remarks**
