

YORKTOWN PUBLIC LIBRARY

Employment Application

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

APPLICANT INFORMATION			
Last Name	First	MI	Date
Street Address		Apartment/Unit #	
City	State	ZIP	
Phone	E-mail Address		
Date available for work	Social Security No. (Optional)	Desired Salary \$	
Position Applied for			
Are you a citizen of the United States? YES <input type="checkbox"/> NO <input type="checkbox"/> If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Have you ever been convicted of a felony? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, explain			

PREVIOUS EMPLOYMENT			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

MILITARY SERVICE

Branch	From	To
Rank at Discharge	Type of Discharge	

EDUCATION

High School	Address		
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
College	Address		
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
Other	Address		
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree

REFERENCES

Please list three professional or personal references

Full Name	Relationship
Address	Phone ()
Company	

Full Name	Relationship
Address	Phone ()
Company	

Full Name	Relationship
Address	Phone ()
Company	

PLEASE LIST AVAILABILITY FOR EACH DAY

Monday Tuesday Wednesday Thursday Friday Saturday

PLEASE DESCRIBE RELEVANT SKILLS AND ABILITIES

APPLICANT'S STATEMENT AND SIGNATURE

I certify that my answers 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.

I hereby understand and acknowledge that, unless otherwise defined by applicable laws, 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.

If this application leads to employment I understand that false or misleading information in my application or interview may result in my release.

Signature	Date
-----------	------