

Application for Employment



Please complete entire application legibly.

Personal	Last Name			First	Middle	Date
	Street Address					Home Telephone ()
	City, State, Zip					Business Telephone () ext.
	Have you ever applied for employment with us? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: Month and Year _____					E-mail address
	Position Desired					Social Security #
						Expected pay
	Apart from absence for religious observance, are you available for full-time work? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, what hours can you work? _____					When will you be available to begin work? _____
	Are you legally authorized to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No					Will you work overtime if asked? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Have you been convicted of any crimes in the past ten years, excluding misdemeanors and summary offenses, which have not been annulled, expunged, or sealed by a court? Convictions will be considered only in relation to specific job requirements. <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," describe in full.					
	Please list special training or skills including languages, machine operation, and computer skills.					
	Do you have, or have you applied for, a New Jersey Professional Librarian Certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No Date of application _____					
	Does a member of your immediate family work for the West Orange Public Library? Immediate family means your spouse or domestic partner, child, legal ward, grandchild, foster child, stepchild, father, mother, legal guardian, grandfather, grandmother, brother, sister, father-in-law, mother-in-law, or any other relative living in your home. <input type="checkbox"/> Yes <input type="checkbox"/> No					

Education

School	Name and Location of School	Course of Study	Number of Years Completed	Did You Graduate?	Degree or Diploma
Graduate				<input type="checkbox"/> Yes <input type="checkbox"/> No	
College				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Business/Trade/Technical				<input type="checkbox"/> Yes <input type="checkbox"/> No	
High School				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Elementary				<input type="checkbox"/> Yes <input type="checkbox"/> No	

Employment

Please give accurate, complete full-time and part-time employment record. Start with your present or most recent employer.

1	Company Name	Telephone ()
	Address	Employed - (State month and year) From To
	Name of Supervisor	Weekly pay Start Last
	State Job Title and Describe Your Work	Reason for leaving

2	Company Name	Telephone ()
	Address	Employed - (State month and year) From To
	Name of Supervisor	Weekly pay Start Last
	State Job Title and Describe Your Work	Reason for leaving

3	Company Name	Telephone ()
	Address	Employed - (State month and year) From To
	Name of Supervisor	Weekly pay Start Last
	State Job Title and Describe Your Work	Reason for leaving

Employment continued

4	Company Name	Telephone ()
	Address	Employed - (State month and year) From To
	Name of Supervisor	Weekly pay Start Last
	State Job Title and Describe Your Work	Reason for leaving

We may contact the employers listed above unless you indicate those you do not want us to contact.	DO NOT CONTACT Employer Number(s) _____ Reason _____
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Military

Did you serve in the US Armed Forces? Yes No If "Yes," in what Branch?

Describe any training received relevant to the position for which you are applying.

Additional Information

Membership in professional organizations, special accomplishments, awards, etc. (Exclude those that may disclose your race, color, religion, age, or national origin.)

Applicant's Signature

Please read and understand this statement before signing your application.

The information I have provided in this Application for Employment, and in any resume that I have submitted to the West Orange Public Library, is true, correct, and complete. False, Incomplete, or misrepresented information of any kind will be sufficient cause for my application to be rejected, or if discovered after I am employed, cause for immediate termination of my employment.

I authorize the Library to contact and obtain information about me from previous employers, educational institutions, and "references" I provided, and any other party necessary to verify the accuracy of information I disclosed in this application, a related employment resume or personal interview. To assist in the processing of my Application, I waive all rights and claims I may otherwise have against the Library or its representatives for seeking and using information to evaluate my employment request and all other persons, corporations, or organizations who provide information for this purpose.

This application will be active for 30 days. After that date, unless otherwise notified, I understand that my status as an applicant will end. I may reapply for employment in the future by completing a new application.

This application is not a offer of employment or an employment agreement. If I accept an offer of employment I understand the Library may terminate my employment at any time, with or without cause and without prior notice, except as otherwise provided by Title 11A Civil Service or the rules and regulations adopted by the New Jersey Department of Personnel.

I fully understand and accept all terms and conditions in the above statement.

Date

Signature

