

# FREE PUBLIC LIBRARY OF PARSIPPANY-TROY HILLS TOWNSHIP

## APPLICATION FOR EMPLOYMENT

COMPLETE ALL SECTIONS – PRINT NEATLY

If you require assistance completing this application due to handicap or disability, please notify the representative who gave you this application and we will be happy to accommodate you.

### General Information

Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_  
Last First

Home Address: \_\_\_\_\_ Apt. # \_\_\_\_\_  
Street  
\_\_\_\_\_ City State Zip Code

If you have lived at your present address less than two (2) years, list prior address below:

\_\_\_\_\_ Street Apt. # City State Zip Code

Telephone: *Daytime* \_\_\_\_\_ *Evening* \_\_\_\_\_  
Best time to reach you \_\_\_\_\_ *Cell phone* \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Are you legally eligible for employment in the U.S.? Yes  No

(Successful applicants must submit proof of employment eligibility within the first three (3) days of employment.)

Social Security Number: \_\_\_\_\_

Specific position for which you are applying: \_\_\_\_\_

**Availability**

Availability (circle all you can work): Days: S M T W T F S Hours: \_\_\_\_\_

Desired start date: \_\_\_\_\_ Desired Salary \_\_\_\_\_

Do you have a valid driver's license? Yes  No  Do you have use of a car? Yes  No

If position requires driving, list driver's license no. and state: \_\_\_\_\_

Are you able to perform the essential functions of the position for which you are applying, with or without reasonable accommodation? Yes  No

Can you speak/read any language other than English? Yes  No

If yes, complete below (do not state where learned). Check all that apply.

Language: \_\_\_\_\_ Speak fluently  Understand  Read  Write

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**Education**

<i>School Name and Location</i>		<i>Circle Last Year Completed</i>	<i>Degree</i>
Elementary/ High School		7 8 9 10 11 12	
College		1 2 3 4	
Other			

**Special Skills**

Typing \_\_\_\_\_ wpm

Are you experienced in using computers: Yes  No ; PC  MAC

List software programs you have experience with: \_\_\_\_\_

Other relevant skills or experience: \_\_\_\_\_

## Employment History

Complete for last three positions, even if information is also on resume.

1. Employer Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
May we contact? Yes  No  Dates of Service: \_\_\_\_\_ to \_\_\_\_\_  
Position(s) Held: \_\_\_\_\_ Final Salary \_\_\_\_\_  
Supervisor's Name: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

2. Employer Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
May we contact? Yes  No  Dates of Service: \_\_\_\_\_ to \_\_\_\_\_  
Position(s) Held: \_\_\_\_\_ Final Salary \_\_\_\_\_  
Supervisor's Name: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

3. Employer Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
May we contact? Yes  No  Dates of Service: \_\_\_\_\_ to \_\_\_\_\_  
Position(s) Held: \_\_\_\_\_ Final Salary \_\_\_\_\_  
Supervisor's Name: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

## **References**

Please do not list relatives.

<b>Name</b>	<b>Address</b>	<b>Phone No.</b>	<b>How acquainted?</b>	<b>How long?</b>

## **Certification and Authorization**

By my signature below, I authorize the Library to contact and obtain information from all references, employers, educational institutions and to otherwise verify the accuracy of the information contained in this application, on my resume and other documents I presented, and my oral statements during the interview process. I hereby release from liability the Library and its representatives for seeking, gathering and using such information and all other persons, corporations or organizations for providing such information.

I understand that the Library is an equal opportunity employer and does not discriminate on the basis of race, color, religion, creed, age, sex, gender, ancestry, national origin, marital status, domestic partnership status, veteran's status, affectional or sexual orientation, handicap or disability in the selection of candidate for interview or hiring. I also understand that the Library will consider reasonable accommodations for any applicant or employee with a handicap or disability who requests a reasonable accommodation during the application/interview process or during employment.

By my signature below, I acknowledge and agree that any offer of employment will be made contingent on confirmation of my references and licensure, successful completion of all pre-employment medical testing, drug screening and criminal background check. I also understand that if hired, I will be required to provide proof of identity and legal work authorization.

By my signature below, I certify that all of my statements contained in this application, on my resume, and information and documents I provided or will provide in support of my application for employment (both orally and in writing) are accurate and true. I understand that if any statement or information is found to be false, it may be grounds for rejection of my application, withdrawal of an offer of employment or termination of employment.

By my signature below, I agree that I fully understand the statements above and agree to be subject to them.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date