



Main Library
449 Halsey Road
Parsippany, NJ 07054

Lake Hiawatha Branch
68 Nokomis Avenue
Lake Hiawatha, NJ 07034

Mt. Tabor Branch
PO Box 505
31 Trinity Park
Mt. Tabor, NJ 07878

APPLICATION FOR EMPLOYMENT

If you require assistance completing this application due to handicap or disability, please contact the Library at 973-887-5150.

GENERAL INFORMATION

Name:

Last

First

Date:

Position for which you are applying:

Home Address:

Telephone

Cell:

Home:

Email Address:

Have you been employed here before?

Yes

No

If yes, dates of previous employment:

How did you hear about this position?

Are you authorized to work lawfully in the United States for the Parsippany Library? Yes

No

Note: If hired, a form I-9, Employment Eligibility Verification, must be completed at the start of employment.

Availability: Days and times you can work:

Hours per week:

Desired Start Date:

Desired Salary:

Do you have a Driver's License?
(only answer if the position requires driving)

Yes No

Are you 18 years old or older?
(if under 18, you will be required to submit working papers if offered employment)

Yes No

Are you now or have you ever been enrolled in a State Retirement System?
If yes, please indicate which system(s):

Yes No

Are you able to perform the essential functions of this position with or
without reasonable accommodations?

Yes No

Foreign Language (optional): If there are any foreign languages (including sign languages) in which you are
proficient enough to communicate on a job, and are willing to use on the job, please list them here.

EDUCATION

	Name and Location of School	Have you graduated?		Degree Received
		Yes	No	
High School		Yes	No	
College or University		Yes	No	
Graduate School		Yes	No	
Other		Yes	No	

MILITARY SERVICE

Branch and dates of Service:

Rank:

Specialty:

SPECIAL SKILLS

Are you experienced with using computers?List Yes No

software programs you have experience with:

Other relevant skills or experience:

EMPLOYMENT HISTORY

Complete for three most recent positions, even if the information is on your resume.

1. Employer Name: _____ Phone: _____
Address: _____
May we contact? Yes No Dates of Service: _____ to _____
Position(s) held: _____
Supervisor's name and title: _____
Reason for leaving: _____

2. Employer Name: _____ Phone: _____
Address: _____
May we contact? Yes No Dates of Service: _____ to _____
Position(s) held: _____
Supervisor's name and title: _____
Reason for leaving: _____

3. Employer Name: _____ Phone: _____
Address: _____
May we contact? Yes No Dates of Service: _____ to _____
Position(s) held: _____
Supervisor's name and title: _____
Reason for leaving: _____

PROFESSIONAL REFERENCES

Please do not list friends or relatives

- | | |
|------------|-------------------------|
| 1. Name | Phone Number |
| Occupation | How are you acquainted? |
| 2. Name | Phone Number |
| Occupation | How are you acquainted? |
| 3. Name | Phone Number |
| Occupation | How are you acquainted? |

CERTIFICATION AND AUTHORIZATION

On September 1, 2011, the "New Jersey First Act", P.L. 2011, 270 (N.J.S.A. 52:14-7) became effective. Under this residency law, all employees of the State and local government must reside in the State of New Jersey within one year from the date of hire until separation.

By my signature below, whether handwritten or typed, 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