



The Ossining Public Library
53 Croton Avenue, Ossining, NY 10562 • Phone: (914) 941-2416

APPLICATION FOR EMPLOYMENT

Date: _____

Position: Professional ____ Clerical ____ Custodial/Security ____ Page ____ Other _____

PERSONAL INFORMATION

Last Name First Name M.I.

Home Phone: _____ Alt. Phone: _____

Permanent Address: _____

Are you 18 years of age or older? Yes No

If you are under the age of 18, state your age: _____

If you are under the age of 18, can you provide proof of your eligibility to work? Yes No

1) Are you legally eligible for employment in the United States? Yes No
(Upon employment, you will be asked to produce two original forms of ID)

2) Have you ever been involuntarily released from an employment position? Yes No

If you circled "No" in answer to 1) or "Yes" in answer to 2) above, please give details:

EDUCATION

Name & Location of Institution: Number of years/
semesters completed: Major/Minor: Degree Granted:

High School			
College (Undergraduate)			
College (Graduate)			

EMPLOYMENT EXPERIENCE

Begin with the present and account for each year of employment

Employer	Telephone ()	Dates Employed: From	To
Address		Summarize the nature of the work performed and job responsibilities.	
Job Title			
Immediate Supervisor, Title & Telephone			
Reason for Leaving			
May we contact for reference? Y() N () Later ()			

Employer	Telephone ()	Dates Employed: From	To
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Reason for Leaving			
May we contact for reference? Y() N () Later ()			

Please tell us why you would like to work at the Ossining Public Library:

ADDITIONAL INFORMATION

Describe here any additional information or comments that would be useful in evaluating your application, e.g., languages spoken other than English if the position prefers or requires another language, computer skills, professional accomplishments, etc.

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APPLICANT'S STATEMENT

I certify that all statements made by me on this application are true and complete to the best of my knowledge. I understand that any false or misleading statements will be considered justification for disqualification of my application or termination of employment. I authorize an investigation of all statements contained herein and the references above to give you any information concerning my previous employment and any pertinent information they may have, and I release all parties from any liability for any damage that may result from furnishing same to you.

Date

Signature of Applicant