

**LONGWOOD PUBLIC LIBRARY**  
Employment Application

800 Middle Country Road  
Middle Island, NY 11953  
(631) 924-6400  
longwoodlibrary.org

Position applying for	Today's Date
-----------------------	--------------

**APPLICANT INFORMATION**

Last name	First name	M.I.
Street address		
City	State	ZIP
Phone	E-mail address	
Date available	Desired salary	Are you employed now?
Are you a veteran?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Are you a volunteer firefighter? YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you ever been convicted of a criminal offense?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, explain offense & final disposition
Do you speak any languages in addition to English?	If so, please list	
Computer software skills		
Emergency contact (name, phone, address)		

**EDUCATION**

<b>High School</b>	Address	
Now enrolled?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/> Degree
<b>College</b>	Address	
Now enrolled?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/> Degree
<b>Graduate School</b>	Address	
Now enrolled?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/> Degree

**HOURS OF AVAILABILITY**

Full time	YES <input type="checkbox"/> NO <input type="checkbox"/>	Part time	YES <input type="checkbox"/> NO <input type="checkbox"/>	Total available hours per week			
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
From							
To							

Please note that the library is open Monday-Friday 9:30-9:00, Saturday 9:30-5:00 and Sunday (Sept.-June) 1:00-5:00

*FOR OFFICE USE ONLY*

Interviewed by	Date
Remarks	

**REFERENCES**

Please list three professional references

<b>Full name</b>		Relationship	
Company		Phone	
Address			
<b>Full name</b>		Relationship	
Company		Phone	
Address			
<b>Full name</b>		Relationship	
Company		Phone	
Address			

**CURRENT/PREVIOUS EMPLOYMENT**

Please list your last three employers, starting with the most recent

<b>Company</b>			Phone	
Address			Supervisor/Contact	
Job title			Salary	\$
From	To	Reason for leaving		
<b>Company</b>			Phone	
Address			Supervisor/Contact	
Job title			Salary	\$
From	To	Reason for leaving		
<b>Company</b>			Phone	
Address			Supervisor/Contact	
Job title			Salary	\$
From	To	Reason for leaving		

**DISCLAIMER AND SIGNATURE**

In submitting this application for employment, I understand that an investigation may be made whereby information is obtained regarding my character, previous employment, general reputation, educational background, and criminal history. I authorize anyone possessing this information to furnish it to Longwood Public Library and/or a 3rd party company upon request and I release anyone so authorized, Longwood Public Library, and any 3rd party company from all liability and damages whatsoever in furnishing, obtaining or using said information.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in immediate dismissal. I understand, also, that I am required to abide by all rules and regulations of Longwood Public Library. I understand and agree that if employed, the employment will be "at will" until/unless superseded by NYS law. I understand that receipt of this application by Longwood Public Library does not imply employment and that this application and/or any other Longwood Public Library documents are not contracts of employment.

Signature

Date

This form complies with state and federal fair employment laws prohibiting discrimination on the basis of an applicant's sex or minority status. Questions directly or indirectly reflecting such status have been included only where needed to determine a bona fide occupational qualification or for other permissible purposes.