

WESTCHESTER PUBLIC LIBRARY APPLICATION FOR EMPLOYMENT

Westchester Public Library is an Equal Opportunity Educational Institution and EEO/Affirmative Action Employer committed to excellence through diversity. Employment offers are made on the basis of qualifications, and without regard to race, sex, religion, national or ethnic origin, disability, age, veteran status, or sexual orientation. No question in this application is intended to elicit information in violation of any Federal, State or local law.

APPLICANT INFORMATION			
Last Name	First	M.I.	Date
Street Address		Apartment/Unit #	
City	State	Zip	
Phone ()		E-mail Address	
Date Available	Social Security No.	Desired Salary	
Position Applied for			
Are you able to mentally and physically perform the job for which you are applying? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Are you a citizen of the United States? YES <input type="checkbox"/> NO <input type="checkbox"/> If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Have you ever worked for this company? YES <input type="checkbox"/> NO <input type="checkbox"/> If so, when?			
Have you ever been convicted of a felony? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, explain			
Do you have a relative employed by the library? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, who?			

EDUCATION			
High School		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
College		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
Other		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree

REFERENCES	
<i>Please list three personal or professional references.</i>	
Full Name	Relationship
Company	Phone ()
Full Name	Relationship
Company	Phone ()
Full Name	Relationship
Company	Phone ()

PREVIOUS EMPLOYMENT

Company		Phone ()	
Address		Supervisor	
Job Title		Starting Salary \$	Ending Salary \$
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ()	
Address		Supervisor	
Job Title		Starting Salary \$	Ending Salary \$
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ()	
Address		Supervisor	
Job Title		Starting Salary \$	Ending Salary \$
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

MILITARY SERVICE

Branch	From	To
Rank at Discharge	Type of Discharge	
If other than honorable, explain		

DISCLAIMER AND SIGNATURE

I certify that the information on this application and its supporting documents is accurate and complete. I understand and agree that failure to fully complete the form, or misrepresentation or omission of facts, represents grounds for elimination from consideration for employment, or termination after employment if discovered at a later date. I authorize Westchester Public Library to investigate, without liability, all statements contained in this application and supporting materials. I authorize references and former employers, without liability, to make full response to any inquiries in connection with this application for employment. If requested, I agree to submit to a physical exam, criminal and credit background investigation, and/or screening for illegal substances upon conditional offer of employment. I understand that this document is NOT an offer of employment, and that an offer of employment, if tendered, does NOT constitute a contract for continued guaranteed employment. I understand that staff employees of Westchester Public Library serve at-will, and the employment relationship may be terminated at any time by either party, or any or no reason, other than a reason prohibited by law.

If employed I will comply with company and departmental regulations. I understand that if employed on a temporary basis, I would be paid for hours worked only, and would be ineligible for benefits including paid time off. If employed on a regular, benefits-eligible basis, I understand that I would be required to make mandatory contributions to the Westchester Public Library insurance or retirement programs, if applicable. I understand that any benefits I receive may be subject to change or discontinuation at any time without prior notice. I understand that the first SIX MONTHS of regular employment represent a provisional period, during which I would not be eligible to apply for transfer or promotion and during which I may be terminated without right of appeal. Under the penalty of perjury, I attest that I am a citizen or national of the United States, an alien lawfully admitted for permanent residence, or an alien who is authorized by federal law or by the U.S. Attorney General to be hired, recruited, or referred for such employment.

Signature	Date
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