

Tredyffrin Township Libraries Application for Employment

Please type or print the requested information in the spaces provided

Date of application:

Date available to begin work:

Personal Information				
Last Name	First Name	Middle Name		
Address				
City	Municipality (Township)	State and Zip Code		
Home phone:	Work phone or Cell Phone:	E-mail:		
Emergency Contact Information:	May we call you at work? Yes <input type="checkbox"/> No <input type="checkbox"/>	Are you under age 18? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Are you legally eligible to work in the United States?		Yes <input type="checkbox"/> No <input type="checkbox"/>		
Employment Desired				
Position Desired		<input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Summer		
Position may include evening and weekend hours. Please state any limitations to your work schedule:		Salary expectations: \$ per		
Have you ever been an employee of another library? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please give library name, position held, and reason for leaving				
Does any member of your family presently work for Chester County? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please give relationship and position held:				
Skills and Training				
Training or skills applicable to the position for which you are applying:		Please describe your personal and/or professional experience with online library catalog systems:		
		Please list software with which you are familiar (including word processing, desktop publishing, imaging, database, etc.)		
Education				
School	Name and address of school	Major course of study	Years completed	Degree or certificate
High School				
College				
Graduate or vocational				

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Employment and Volunteer History			
List most recent employer first. List additional information on a separate sheet if necessary.			
1	Company name:	Phone:	May we call? Yes <input type="checkbox"/> No <input type="checkbox"/>
	Company Address:	Employed/volunteered from (month/year) to	
	Job title and responsibilities:	Reason for leaving:	
2	Company name:	Phone:	May we call? Yes <input type="checkbox"/> No <input type="checkbox"/>
	Company Address:	Employed/volunteered from (month/year) to	
	Job title and responsibilities:	Reason for leaving:	
3	Company name:	Phone:	May we call? Yes <input type="checkbox"/> No <input type="checkbox"/>
	Company Address:	Employed/volunteered from (month/year) to	
	Job title and responsibilities:	Reason for leaving:	
References			
Please list three references, not related to you, who have known you for at least one year			
Name:	Address:	Relationship:	Phone:
Name:	Address:	Relationship:	Phone:
Name:	Address:	Relationship:	Phone:
Disclosures			
All library employees are required to provide Criminal History, Child Abuse and Fingerprint clearances. Do you have up-to-date clearances? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Have you ever pleaded guilty or been convicted of a felony or misdemeanor, other than a parking violation? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please explain:			
Have you ever served in the US Armed Forces? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please specify final rank: Branch: If you received a dishonorable discharge, please the reason and circumstance:			
<i>Conviction of a crime and/or dishonorable discharge is not an automatic bar to employment. All circumstances will be considered.</i>			

Signature: *(please read carefully before signing)*

- I certify that the answers and information given in this application are true, correct, and complete to the best of my knowledge. I understand that any misleading or incorrect statements may render this application void. I agree that if I am employed, and the information is found to be false in any respect, I will be subject to dismissal without notice.
- I hereby authorize the Library to verify the information given by me in this application and to make any investigation of my background deemed necessary. I authorize former employers, law enforcement organizations, educational institutions, and any other third party contacted by the Library to release to the Library any information they have regarding me without providing written notice to me.
- If the Library hires me, I understand and agree that I will be bound by the rules, regulations, policies, procedures, and other terms and conditions of employment of the Library, as they are changed from time to time, with or without notice to me.

Applicant's signature: _____ Date: _____