

## **■**34 Second Avenue, Brentwood, NY 11717 • **(**631) 273-7883 • **□**brentwoodnylibrary.org

## Application for Employment

(Brentwood Public Library Does Not Discriminate Against Any Applicant Because Of Race, Creed, Color, National Origin, Handicap, Sex, Age, Marital Status or Sexual Preference in Employment or Provision of Services)

APPLICANT INFORMATION									
Position Applied For: Today's Date:									
Last Name:					First Nar	First Name: M.I.:			M.I.:
Street Address:					Town:			State: Z	IP:
Cell Phone:		Hor	ne Phone:			E-mail	:		
Are you a U.S. veteran	? Yes (If yes, pl	ease complete a	ittached addendu	ım) 🗌 N	o Are you a	volunteer	firefighter	? Yes	No No
Have you ever be	een convicted of	a crime?	Yes	] No	If yes, ex	If yes, explain:			
Are you currently	y employed?	Yes [	No		Date avai	lable to s	start:		
Are you currently	y a student?	Yes 🗆 1	No If yes,	where?	•		🗌 Full	I-Time? or	] Part-Time?
AVAILABILIT	Y								
Part-time Availal	bility? 🗌 Yes	s 🗆 No	Full-time A	Availabil	itv? 🗌 Yes	□No	Total ho	urs available (we	ekly):
	MONDAY	TUESDA	Y WEDN	ESDAY	THURSDAY	F	RIDAY	SATURDAY	SUNDAY
From									
То									
EDUCATION /	SKILLS					·			
Did you graduate from senior high school? Yes No Currently enrolled What school?									
What year did you/will you graduate?     What is the highest grade completed?									
Did you receive a high school equivalency diploma?  Yes No If yes, from which issuing authority?									
Have you attended college?  Yes No Are you currently enrolled in college?  Yes No									
What college? What degr				egree?	ree? Degree completed?				
Have you attended a trade or vocational school? Yes No Name of school?									
What certificate/skill did you earn? What other skills did you want to list?									
Do you speak any languages in addition to English? If yes, please list:									
EXPERIENCE / EMPLOYMENT HISTORY									
Company: Phone:									
Address:					Supervisor:				
Starting Job Title: Final Title:									
Responsibilities:									
From:	From: To: R				Reason for	Reason for Leaving:			
May we contact your previous supervisor for a reference? $\Box$ Yes $\Box$ No Avg. # of hours worked per week:									

EXPERIENCE / EMPLOYMENT HISTORY continued					
Company:	Phone:				
Address:		Supervisor:			
Starting Job Title:		Final 7	Final Title:		
Responsibilities:					
From:	To: Reason for Leaving:				
May we contact your previous supervisor for a reference? $\Box$ Yes $\Box$ No Avg. # of hours worked per week:					
Company:			Phone:		
Address:		Supervisor:			
Starting Job Title:		Final Ti	Final Title:		
Responsibilities:					
From:	To: Reason for Leaving:				
May we contact your previous supervisor for a reference?  Yes			Avg. # of hours worked per week:		
REFERENCES					
Please list two professional references.					
Full Name:			Relationship:		
Company:			Phone:		
Address:					

Company:		Phone:		
Address:				

Relationship:

## DECLARATION AND SIGNATURE

Full Name:

I declare, subject to the penalties of perjury, that the statements made in this application (including statements made in any accompanying papers) have been examined by me and to the best of my knowledge and belief are true and correct. I further request and authorize any former or present employer, military records center, police, parole and probation agencies, and former schools to provide to the Brentwood Public Library any and all information including, but not limited to, information as to my character, habits, work ability and/or education. In consideration of compliance with this request, I hereby release and discharge said institutions from any claims, liabilities or damages.

I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature:	Date:



VETERANS INFORMATION					
Name (Last, First):				Today's Date:	
Branch of Military					
Dates of	From:	To:		Active Duty	/?
Service:				-	
Were you honorably discharged or otherwise			Please submit a copy of so	eparation	Please explain below, or on separate sheet and attach to this form
released unde	er honorable conditions?	∐ Yes	Please submit a copy of se papers (i.e. FORM DD-21 MEMBER 4 COPY)	.4	No separate sheet and attach to this form

## **DECLARATION AND SIGNATURE**

I declare, subject to the penalties of perjury, that the statements made in this application (including statements made in any accompanying papers) have been examined by me and to the best of my knowledge and belief are true and correct. I further request and authorize any former or present employer, military records center, police, parole and probation agencies, and former schools to provide to the Brentwood Public Library any and all information including, but not limited to, information as to my character, habits, work ability and/or education. In consideration of compliance with this request, I hereby release and discharge said institutions from any claims, liabilities or damages.

I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature:	Date:	