

MECHANICVILLE DISTRICT PUBLIC LIBRARY
 190 North Main Street, Mechanicville, NY 12118
 Phone: 518-664-4646 Fax: 518-664-8641

Application for Employment

Date	
Full Name	
Address	
City, State, Zip	
Telephone Number	
Social Security Number	
Date of Birth	
Have you ever been employed here?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, when?	

Are you a citizen of the United States	<input type="checkbox"/> YES <input type="checkbox"/> NO	Position Desired:	
If no, are you authorized to work in the U.S.?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Have you been convicted of a felony?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are you willing to work overtime?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If Yes, explain?	

What training/skills do you have that would benefit the Library?	
Professional Memberships/Civic Organizations	

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Previous Employment

Company	
Address	
Telephone Number	
Supervisor	
Job Title/Duties	
Date Employed	
Reason for leaving	

Company	
Address	
Telephone Number	
Supervisor	
Job Title/Duties	
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Reason for leaving	

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Previous Employment Continued

Company	
Address	
Telephone Number	
Supervisor	
Job Title/Duties	
Date Employed	
Reason for leaving	
May we contact your previous employers:	<input type="checkbox"/> YES <input type="checkbox"/> NO

Education

High School	
Address	
Dates Attended	From: _____ To: _____
College	
Address	
Dates Attended	From: _____ To: _____
College	
Address	
Dates Attended	From: _____ To: _____

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SIGNATURE: The information provided in this Application for Employment is true, correct, and complete. If employed; any misstatement or omission of fact on this application may result in my dismissal. I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future. If you decide to engage an investigative consumer reporting agency to report on my credit and personal history I authorize you to do so. IF a report is obtained you must provide, at my request, the name of the agency so I may obtain from them the nature and substance of information contained in the report.

Signature:

Date:

For Office Use Only

Date of Employment:

Appointment by Board:

Personnel Policies Provided: