

# Employment Application Form



Seneca Falls Library  
47 Cayuga Street  
Seneca Falls, NY 13148  
Phone: 315-568-8265  
Fax: 315-568-1606

## **An Equal Opportunity Employer**

The Seneca Falls Library is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Applicants requiring reasonable accommodation in the application and/or interview process should notify a representative of the Seneca Falls Library.

*Please print and fill out all sections*

## **Applicant Information**

Applicant Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Other: \_\_\_\_\_

Email Address: \_\_\_\_\_

Current Address:

Number and Street: \_\_\_\_\_

City: \_\_\_\_\_

State & Zip: \_\_\_\_\_

## **Employment Position**

Position applying for: \_\_\_\_\_

What days and hours are you available for work?

Days: \_\_\_\_\_

Hours: \_\_\_\_\_

If hired, on what date can you start working? \_\_\_ / \_\_\_ / \_\_\_

Can you work on the weekends? [ ] Y or [ ] N

Can you work evenings? [ ] Y or [ ] N

## **Personal Information**

If hired, would you have transportation to/from work? [ ] Y or [ ] N

Are you over the age of 18? (if under 18, hire is subject to verification of minimum legal age.) [ ] Y or [ ] N

If hired, would you be able to present evidence of your U.S. citizenship or proof of your legal right to work in the United State? [ ] Y or [ ] N

Are you able to perform the essential functions of the job for which you are applying, either with / without reasonable accommodation? [ ] Y or [ ] N

If no, describe the functions that cannot be performed

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(Note: The Seneca Falls Library complies with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants / employees to perform essential functions. It is possible that a hire may be tested on skill/agility and my be subjected to a medical examination conducted by a medical professional.)

Have you ever been convicted of a criminal offense (felony or misdemeanor)?  
[ ] Y or [ ] N

If yes, please describe the crime – state nature of the crime(s), when and where convicted and disposition of the case. \_\_\_\_\_

(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The date of the offense, the nature of the offense, including any significant details that affect the description of the event, and the surrounding circumstances and the relevance of the offense to the positions(s) applied for may, however, be considered.)

### **Education, Training, and Experience**

#### **High School:**

School name: \_\_\_\_\_

School Address: \_\_\_\_\_

School city, state, zip: \_\_\_\_\_

Number of years completed: \_\_\_\_\_

Did you graduate? [ ] Y or [ ] N

Degree / diploma earned: \_\_\_\_\_

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#### **College / University:**

School name: \_\_\_\_\_

School address: \_\_\_\_\_

School city, state, zip: \_\_\_\_\_

#### **Vocational School:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, state, zip: \_\_\_\_\_

#### **Military:**

Branch: \_\_\_\_\_

Rank in Military: \_\_\_\_\_

Total Years of Service: \_\_\_\_\_

Skills / duties: \_\_\_\_\_

Related details: \_\_\_\_\_

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## Employment History

Are you currently employed? [ ] Y or [ ] N

If you are currently employed, may we contact your current employer? [ ] Y or [ ] N

Below, please describe past and present employment positions, dating back five years. Please account for all periods of unemployment. **Event if you have attached a resume, this section must be completed.**

Name of Employer: \_\_\_\_\_  
Name of Supervisor: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Business Type: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, state, zip: \_\_\_\_\_

Length of Employment (Include Dates): \_\_\_\_\_  
Position & Duties: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
May we contact this employer for reference? [ ] Y or [ ] N

Name of Employer: \_\_\_\_\_  
Name of Supervisor: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Business Type: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, state, zip: \_\_\_\_\_

Length of Employment (Include Dates): \_\_\_\_\_  
Position & Duties: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
May we contact this employer for reference? [ ] Y or [ ] N

Name of Employer: \_\_\_\_\_  
Name of Supervisor: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Business Type: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, state, zip: \_\_\_\_\_

Length of Employment (Include Dates): \_\_\_\_\_  
Position & Duties: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
May we contact this employer for reference? [ ] Y or [ ] N

## References

List below three persons who have knowledge of your work performance within the last four years. Please include professional references only.

Name – First, Last: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, state, zip: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Number of Years Acquainted: \_\_\_\_\_

Name – First, Last: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, state, zip: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Number of Years Acquainted: \_\_\_\_\_

Name – First, Last: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, state, zip: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Number of Years Acquainted: \_\_\_\_\_

**Please Read and Initial Each Paragraph, then Sign Below**

**I certify that I have not purposely withheld any information that might adversely affect my chances for hiring. I attest to the fact that the answers given by me are true and correct to the best of my knowledge and ability. I understand that any omission (including any misstatement) of material fact on this application or on any document used to secure can be grounds for rejection of application or, if I am employed by the Seneca Falls Library, terms for my immediate expulsion from the Seneca Falls Library.**

\_\_\_\_\_

I understand that if I am employed, my employment is not definite and can be terminated at any time either with or without prior notice, and by either the Seneca Falls Library or me.

\_\_\_\_\_

I permit the Seneca Falls Library to examine my references, record of employment, education record, and any other information I have provided. I authorize the references I have listed to disclose any information related to my work record and my professional experiences with them, without giving me prior notice of such disclosure. In addition, I release the Seneca Falls Library, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such examination or revelation.

\_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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