West Babylon Public Library 211 Route 109 West Babylon, NY 11704 (631) 669-5445

APPLICATION FOR PAGE

Please Print:						
1.) Last Name	First Name	(()	Daytime Telepho	ne Number	
Lust Nume	i not name	101.1.				
Mailing Address			City		State	Zip Code
Check the appropriate bo 2.) Due to the New York Sta YES □ NO □	x to each question: ate Child Labor Law, we only emp	loy individuals 10	S years of age an	d older. Are you 1	l6 years or o	older?
3.) If you are between the a This does not apply to m I have working papers I need working papers		are required:		ı a U.S. Citizen? □ NO □		
5.) Have you ever been cor YES □ NO □	nvicted of a crime? 6.) Did you	ı ever resign fror	n any employmer	nt rather than face	e dismissal?	YES 🗆 NO
7.) Were you ever dismisse YES □ NO □	ed or discharged from employmen	t for reasons oth	er than lack of wo	ork or funds?		
8.) Have you applied for a p	position at the Library before? If ye	es, when?				
9.) Do you have relatives of	r friends employed at the West Ba	bylon Public Libr	ary? YES 🗆 No	O□ Name_		
I0.) AVAILABILITY Please circle all the c	days you are available: M	т w	TH F	SA SUN (Oct May)	
Hours Available: N	lornings: YES 🗆 NO 🗆	Afternoons: `	YES 🗆 NO 🗆	Evenings	:YES 🗆 N	10 🗆
When would you be a	able to start the position?					
11.) EDUCATION (Circle highest level o	completed)					
A.) High School 9 10 1	1 12					
Name & location of school:		\	Vhat is your expe	ected date of grad	uation?	
3.) College/University/Teo	chnical/Other					
Name & location of school:		N	lajor:	When will you	u graduate?	
C.) Are you a member of th	e National Honor Society or any o	ther academic o	rganization? If Ye	es, please list.		
D.) List any extracurricular	activities and/or sports:					
E.) List any honors, awards	a, etc:					
F.) Do you have any other i	relevant training, qualifications or s	skills? If Yes, ple	ase explain:			

12.) EMPLOYMENT HISTORY

Length of Employment	COMPANY NAME	ADDRESS	CITY AND STATE
FROM / TO /			
Type of Business	DUTIES:		
.) po o. 200			
Your Title			
Tour The			
Average Number of Hours	SUPERVISOR'S NAME	TELEPHONE NUMBER	
	SOF ERVISOR S NAME		
worked per week			

Length of Employment	COMPANY NAME	ADDRESS	CITY AND STATE
FROM / TO /			
Type of Business	DUTIES:		
Your Title			
Average Number of Hours worked per week	SUPERVISOR'S NAME	TELEPHONE NUM	BER

Length of Employment	COMPANY NAME	ADDRESS	CITY AND STATE
p.		ADDILEGO	
FROM / TO /			
Type of Business	DUTIES:		
Your Title			
Average Number of Hours worked per week	SUPERVISOR'S NAME	TELEPHONE NUM	IBER

13.) REFERENCES: List three business or school references that we may contact.

A.) Name:	Phone:	_ Title:
B.) Name:	Phone:	_ Title:
C.) Name:	_ Phone:	_ Title:

I affirm that the answers I have given on this application are true, complete and correct to the best of my knowledge. I understand that false information will be considered grounds for immediate dismissal, should I be employed at the West Babylon Public Library.

** Please be advised that applications are kept in an active folder for only 6 months, reapply thereafter. **

Signature:	Date:	
	(DO NOT WRITE BELOW THIS LINE)	
Interviewed by:	Date:	
Comments:		
Test Fiction:	Non Fiction:	