

# TAPPAN LIBRARY

## APPLICATION FOR EMPLOYMENT

Date \_\_\_\_\_ How were you referred to us? \_\_\_\_\_

We are an **equal opportunity employer** and do not discriminate against otherwise qualified applicants on the basis of race, color, creed, religion, ancestry, age, gender, marital status, national origin, disability or handicap, sexual orientation or veteran status or any other protected characteristic. No question on this application is used for the purpose of limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Equal access to employment, services, and programs is available to all persons.

NAME \_\_\_\_\_ EMAIL \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE # \_\_\_\_\_

CITY / STATE / ZIP \_\_\_\_\_

<b>Position you are applying for?</b>	<b>What hours are you available to work?</b> Mon _____ Tues _____ Weds _____ Thurs _____ Fri _____ Sat _____ Sun _____	<b>Date you are available to start work?</b>
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If you are under 18 years old, can you obtain and supply us with working papers?  YES  NO

If under 18, Date of Birth: \_\_\_\_\_

	Name/Address of School	Degree
High School		
College		
Other		

**Other Qualifications:**

Summarize special job-related skills, certificates, computer, language or customer service skills and/or any other qualifications acquired from employment or other experience you wish to be considered in your application.

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**Military Service:**

Describe any job-related training received in the United States military.

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Can you submit proof of legal employment authorization and/or identity?  YES  NO

*(If offered employment, you will be required to provide documentation to verify eligibility within 3 days of hire.)*

**EMPLOYMENT HISTORY:** Please list below your last four employers. Please list your current or most recent position first.

Date Month/Year	Name and Address of Employer	Phone	Position	Wage/ Salary	Reason for Leaving

May we contact your present employer?     YES     NO

Whom should we speak to? \_\_\_\_\_

**PROFESSIONAL REFERENCES:**

Please provide us with the names of three persons, not related to you, whom you have known for at least one year.

Name	Email Address and Phone number	Company or Business	How do you know the person listed
1			
2			
3			

**PLEASE ATTACH YOUR RESUME**

**APPLICANT CERTIFICATION AND AGREEMENT**

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge and authorize the **Tappan Library** to contact, obtain, and verify the accuracy of information contained in this application and to obtain reference information on my work performance. I also hereby release from liability the **Tappan Library** and its representatives for seeking, gathering, and using such information to make employment decisions and all other persons or organizations for providing such information.

I understand that any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate termination of employment if I am employed, whenever it may be discovered.

If I am employed, I acknowledge that there is no specified length of employment and that this application does not constitute an agreement or contract for employment. I further understand that neither policies, rules and regulations of employment or anything said during the interview process shall be deemed to constitute the terms of an implied employment contract. Accordingly, either I or the employer can terminate the relationship at will, with or without cause, at any time, so long as there is no violation of applicable federal or state law.

I represent and warrant that I have read and fully understand the foregoing, and that I seek employment under these conditions.

**APPLICANT SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_