



### APPLICATION FOR EMPLOYMENT

Please answer all questions completely, so that we are better able to place you in a suitable position, when openings occur. We are an equal opportunity employer, and will not discriminate against any applicant on the basis of age, sex, color, religion, marital status, national origin, political affiliation, handicapped status or sexual orientation.

Date of Application \_\_\_\_\_ Name \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Have you ever worked for this organization under a different name?  Yes  No

Is additional information necessary to enable a check on your work records?  Yes  No

If yes, explain \_\_\_\_\_

How long have you been a resident of Monroe County? \_\_\_\_\_

Do you possess a valid NYS driver's license?  Yes  No

Are you applying for a specific position?  Yes Which? \_\_\_\_\_  No

### EDUCATIONAL INFORMATION

	Name of School & City	Check Last Year Completed				Grad (Y/N)	Subject
		5	6	7	8		
Elementary							
High		9	10	11	12		
College		1	2	3	4		
Other							

### TECHNICAL SKILLS

Please check any that apply to you.

Typing wpm \_\_\_\_\_

Library Computer Systems What kind(s)? \_\_\_\_\_

Software & Search Engines \_\_\_\_\_

Operation of audiovisual equipment What kind(s)? \_\_\_\_\_

**PRIOR EMPLOYMENT** (List most recent jobs first)

Date from-to	Employer & Address	Title & Duties	Rate of Pay	Reason for Leaving

May we check your former employers for references?  Yes  No

If no, which employers would you like us **not** to contact? \_\_\_\_\_

If still in school, name of guidance counselor \_\_\_\_\_

**EMPLOYMENT AVAILABILITY**

Full-time \_\_\_\_\_ Part-time \_\_\_\_\_

Please check any day, or part of a day, that you are available for work.

<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>	<b>Saturday</b>	<b>Sunday</b>
<input type="checkbox"/> morning	<input type="checkbox"/> morning	<input type="checkbox"/> morning	<input type="checkbox"/> morning	<input type="checkbox"/> morning	<input type="checkbox"/> morning	
<input type="checkbox"/> afternoon	<input type="checkbox"/> afternoon	<input type="checkbox"/> afternoon	<input type="checkbox"/> afternoon	<input type="checkbox"/> afternoon	<input type="checkbox"/> afternoon	<input type="checkbox"/> afternoon
<input type="checkbox"/> evening	<input type="checkbox"/> evening	<input type="checkbox"/> evening	<input type="checkbox"/> evening			

Explain in the space provided below when you are not available \_\_\_\_\_

Are you available for work 12 months per year?  Yes  No

If no, please explain \_\_\_\_\_

Describe any other limitations on your employment \_\_\_\_\_

The facts set forth in my application for employment are true and complete to the best of my knowledge. I understand that I will be required to submit to an independent background check as a condition for employment at the Brighton Memorial Library. I further understand that if employed, false statements on this application shall be considered sufficient cause for dismissal.

Social Security Number \_\_\_\_\_

Signature of Applicant \_\_\_\_\_

**Brighton Memorial Library**  
 2300 Elmwood Avenue, Rochester, NY 14618  
 Telephone (585) 784-5300; TDD (585) 784-5302; Fax (585) 784-5333