



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							
College							
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)? _____

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

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.

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
<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 _____

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