



2300 Elmwood Ave
 Rochester, NY 14618
 Phone: (585) 784-5300
 Fax: (585) 784-5333

**BRIGHTON MEMORIAL LIBRARY
 APPLICATION FOR EMPLOYMENT**

| | | | | | | | | | | | |
|-----------------------------------------------|--|-------------------------------------------------------------|--------------------------|---------|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|
| POSITION APPLYING FOR: | | OTHER POSITIONS YOU WOULD LIKE TO BE CONSIDERED FOR: | | | | | | | | | |
| LAST NAME: | | FIRST NAME: | | MIDDLE: | PHONE: | | | | | | |
| STREET: | | CITY: | | COUNTY: | STATE: ZIP: | | | | | | |
| DATE OF APPLICATION: | | | EMAIL ADDRESS: | | | | | | | | |
| EDUCATION - CHECK THE HIGHEST GRADE COMPLETED | | 8 | <input type="checkbox"/> | 9 | <input type="checkbox"/> | 10 | <input type="checkbox"/> | 11 | <input type="checkbox"/> | 12 | <input type="checkbox"/> |
| ARE YOU 18 YEARS OR OLDER: | | Y | <input type="checkbox"/> | N | <input type="checkbox"/> | | | | | | |

EDUCATION (SCHOOLS ATTENDED - HIGH SCHOOL AND ABOVE)

| NAME AND LOCATION OF SCHOOL: | MAJOR OF STUDY (IF APPLICABLE) | GRADUATED (Y/N) | DEGREE/CERT. (TYPE/YR) |
|------------------------------|--------------------------------|-----------------|------------------------|
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OTHER TRAINING YOU RECEIVED:
 (work training programs, armed forces training)

OPTIONAL INFORMATION:
 Identify job skills, licenses, certificates, etc. which you consider relevant to the position you are seeking:

TECHNICAL SKILLS:
 List types of library computer systems:
 List types of software and search engines:

WORK EXPERIENCE:

Describe below your employment, including military experience, beginning with your current or most recent employment.

| | |
|--------------------------------------------|-----------|
| START DATE: | END DATE: |
| NAME AND ADDRESS OF PRESENT/LAST EMPLOYER: | |
| JOB TITLE: | |
| DESCRIPTION OF DUTIES: | |
| REASONS(S) FOR LEAVING: | |

WORK EXPERIENCE:

Describe below your employment, including military experience, beginning with your current or most recent employment.

| | | |
|--------------------------------------------|-----------|--|
| START DATE: | END DATE: | |
| NAME AND ADDRESS OF PRESENT/LAST EMPLOYER: | | |
| JOB TITLE: | | |
| DESCRIPTION OF DUTIES: | | |
| REASONS(S) FOR LEAVING: | | |
| START DATE: | END DATE: | |
| NAME AND ADDRESS OF PRESENT/LAST EMPLOYER: | | |
| JOB TITLE: | | |
| DESCRIPTION OF DUTIES: | | |
| REASONS(S) FOR LEAVING: | | |

| | | | | |
|-----------------------------------------------------------|---|--------------------------|---|--------------------------|
| May we check your former employer for references? | Y | <input type="checkbox"/> | N | <input type="checkbox"/> |
| If no, which employers would you like us NOT to contact?: | | | | |

EMPLOYMENT AVAILABILITY

WILL YOU ACCEPT: (Check All That Apply) PART-TIME WORK FULL-TIME WORK

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

| MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY | SATURDAY | SUNDAY |
|------------------------------------|------------------------------------|------------------------------------|------------------------------------|------------------------------------|------------------------------------|------------------------------------|
| 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"/> | afternoon <input type="checkbox"/> | afternoon <input type="checkbox"/> |
| evening <input type="checkbox"/> | evening <input type="checkbox"/> | evening <input type="checkbox"/> | evening <input type="checkbox"/> | evening <input type="checkbox"/> | | |

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|-------------------------------------------------------------------------|
| Please explain the reason(s) for the time frames you are not available: |
|-------------------------------------------------------------------------|

| | | | | |
|-------------------------------------------------------------------------------------------|-----|--------------------------|----|--------------------------|
| Are you available for work 12 months per year? If no, please explain: | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| Are you legally entitled to work in the United States? | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| Have you been a resident of Monroe County for the past four months? | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| Do you have a valid New York State Driver's license? | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| Were you referred to the Brighton Library? If yes, by whom?: | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| Have you ever worked for the Brighton Library? If yes, when?: | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| Have you previously applied for a job at the Brighton Memorial Library? If yes, when?: | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |

Please read the following statements carefully:
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.

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|------------------------|-------|-------------------------------|
| Applicant's Signature: | Date: | STATE ANY OTHER NAME RELEVANT |
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NEW YORK STATE LAW PROHIBITS DISCRIMINATION ON THE BASIS OF AGE, SEX, RACE, RELIGION, DISABILITY, NATIONAL ORIGIN, OR MARITAL STATUS - AN EQUAL OPPORTUNITY EMPLOYER. THE BRIGHTON MEMORIAL LIBRARY DOES NOT DISCRIMINATE ON THE BASIS OF DISABILITY AND WILL MAKE REASONABLE ACCOMMODATIONS FOR EMPLOYEES WITH SPECIAL NEEDS, DUE TO A DISABILITY. IT IS THE RESPONSIBILITY OF THE APPLICANT/EMPLOYEE TO DISCLOSE AND REQUEST REASONABLE ACCOMMODATION AS NECESSARY.