

**Mastics-Moriches-Shirley Community Library**  
407 William Floyd Parkway, Shirley, New York 11967

# Application for Employment

(Both sides of application must be completed)

TODAY'S DATE: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

NAME: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

TOWN: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ TELEPHONE #: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

## **POSITION FOR WHICH YOU ARE APPLYING**

DEPARTMENT: \_\_\_\_\_ TITLE: \_\_\_\_\_ JOB NOTICE NUMBER: \_\_\_\_\_

WORKING HOURS AVAILABLE:

MONDAY	FROM _____	TO _____
TUESDAY	FROM _____	TO _____
WEDNESDAY	FROM _____	TO _____
THURSDAY	FROM _____	TO _____
FRIDAY	FROM _____	TO _____
SATURDAY	FROM _____	TO _____
SUNDAY	FROM _____	TO _____

## **EDUCATION**

School Name and City, State

Degree /Major

Have you graduated? (Y/N)

HIGH SCHOOL: \_\_\_\_\_

COLLEGE: \_\_\_\_\_

COLLEGE: \_\_\_\_\_

TRADE/OTHER SCHOOL: \_\_\_\_\_

## **WORK EXPERIENCE** (Please list in reverse chronological order, i.e. last job first)

Name of Employer	Address and Phone Number	Position Held	Dates Employed	Reason for Leaving
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

## **REFERENCES** (Indicate references that are not related to you)

Name	Phone Number	Occupation	Relationship
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**TURN OVER ►►**

# Mastics-Moriches-Shirley Community Library

**ADDITIONAL INFORMATION** (List any specialized skills, honors, training, languages spoken other than English, etc.)

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## **PERSONAL HISTORY**

HAVE YOU EVER WORKED FOR THIS LIBRARY?  YES  NO

HAVE YOU EVER BEEN CONVICTED OF A CRIME (Excluding Minor Traffic Violations)?  
 YES \*  NO

\*If YES, state the offense, location, date, and disposition: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## **AFFIDAVIT**

**I certify that my responses on this application are true, correct, and void of any consequential omissions. I understand that if I am employed, any false or misleading statements indicated on this application or during the interview process are grounds for termination.**

**I hereby authorize the Mastics-Moriches-Shirley Community Library to contact any company and/or individual (including but limited to those listed on this application) it deems appropriate to investigate my employment history, character, and qualifications.**

**I claim that I meet the qualifications, and am willing and able to perform the functions, of the position for which I am applying as presented in the job notice.**

**I understand that prior to employment, I must be able to show proof of citizenship or verification of employment eligibility as required by the Immigration Reform and Control Act (IRCA) and will be required to provide proper working papers if under eighteen years of age.**

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

\_\_\_\_\_  
Date

**FOR LIBRARY USE ONLY -----DO NOT WRITE BELOW THIS LINE**

Interviewer Comments:

Interview Date: \_\_\_\_\_

Interviewer: \_\_\_\_\_