GLENSIDE PUBLIC LIBRARY DISTRICT
APPLICATION FOR EMPLOYMENT

EQUAL EMPLOYMENT POLICY

The Glenside Public Library District does not discriminate against individuals in employment opportunities on the basis of race, color, religion, sex, age, national origin, ancestry, veterans' status, marital status, sexual orientation, disability, military status, unfavorable discharge from military service, or on any basis protected by law.

All information contained in or connected with this application will be considered personal and confidential and used only in conjunction with your possible employment by the Glenside Public Library District. Please furnish us with complete information as outlined in this application. Falsifying information may be grounds for disqualification or dismissal. Please use a typewriter or print in ink. If you have any questions, please let us know.

We welcome you as an applicant for employment with the Glenside Public Library District.

Position(s) Applied For: _____ **Date of Application**: ____ /____ /_____

NAME: _____
(Last)   (First)   (Middle)

ADDRESS:_____
(Number)   (Street)   (City)   (State)   (Zip)

PHONE: (_____)_____   **E-MAIL ADDRESS:**_____

Select your availability: ____ *Full Time* ____ *Part-Time* ____ *Temporary*

On what date would you be available for work? ____ /____ /_____

Are you on a lay-off and subject to recall? ____*Yes* ____*No*

Have you applied here before? ____*Yes* ____*No*
   If Yes, give date: ____ /____ /_____

Have you ever been employed here before? ____*Yes* ____*No*
   If Yes, give date: ____ /____ /_____

Are you related to anyone currently employed by the Library? ____*Yes* ____*No*
   *If Yes, give their name, department and relationship*_____

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?
   ____*Yes* ____*No* (*Proof of citizenship or immigration status shall be required upon employment*).

Are you a Veteran of the U.S. Military Service?
   ____*Yes* ____*No*   *If Yes, branch(es) served:* _____

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EDUCATION

CIRCLE HIGHEST GRADE COMPLETED:

1   2   3   4   5   6   7   8   9   10   11   12   GED   **College or University**:   *1   2   3   4   5*

Name of last high school attended: _____

    *Address***:** _____

Name of last college attended: _____

    *Address***:** _____

    Degree(s) _____

    Major(s) _____

List any correspondence courses, special courses, seminars, workshops, technical schools, etc… that may relate to this position. Also list any relevant licenses or certificates that you hold:

_____

_____

List any skills that you have that may relate to this position:

_____

_____

List any languages, other than English, that you are proficient in speaking:

_____   Basic   Intermediate   Advanced   Fluent

_____   Basic   Intermediate   Advanced   Fluent

REFERENCES

Please supply the names of three (3) personal references (Not former employers or relatives)

Name   **Address**   **Phone**

_____

_____

_____

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EMPLOYMENT HISTORY

Start with your present or most recent job. Include military service assignments and volunteer activities.

EMPLOYER: _____ **Dates employed:** ___ /___ /_____ - ___ /___ /_____

ADDRESS: _____

JOB TITLE: _____ **SUPERVISOR:** _____

DUTIES PERFORMED: _____

_____

_____

REASON FOR LEAVING: _____

EMPLOYER: _____ **Dates employed:** ___ /___ /_____ - ___ /___ /_____

ADDRESS: _____

JOB TITLE: _____ **SUPERVISOR:** _____

DUTIES PERFORMED: _____

_____

_____

REASON FOR LEAVING: _____

EMPLOYER: _____ **Dates employed:** ___ /___ /_____ - ___ /___ /_____

ADDRESS: _____

JOB TITLE: _____ **SUPERVISOR:** _____

DUTIES PERFORMED: _____

_____

_____

REASON FOR LEAVING: _____

EMPLOYER: _____ **Dates employed:** ___ /___ /_____ - ___ /___ /_____

ADDRESS: _____

JOB TITLE: _____ **SUPERVISOR:** _____

DUTIES PERFORMED: _____

_____

_____

REASON FOR LEAVING: _____

(If you need additional space, please continue on a separate sheet of paper).

May we contact your present employer for a reference? _____*Yes*   _____*No*

Please read the following statement:

I certify that all of my answers given here are true and complete to the best of my knowledge, and that supplying false information herein shall result in immediate disqualification for consideration for employment or termination from employment, regardless of when such false information is discovered. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision; and hereby agree to indemnify and hold harmless each and every current or prior employer in defending against any charge, complaint or suit filed with any Federal, State or local agency, or in any court of the State or Federal government for providing an accurate, factual history of employment information. I understand that neither this document nor any offer of employment from the employer constitutes an employment contract, unless a specific document to that effect is executed by the employer and employee in writing.

_____   ____ /____ /_____
Applicant Signature   **Date**

TO BE COMPLETED DURING INTERVIEW ONLY:

Are there accommodations which would ensure that you would be able to perform the essential functions of the job for which you are applying?   ____**Yes** ____**No**

If Yes, please indicate:

_____
_____
_____

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