

Elizabethtown Public Library

Applying to Position: _____

Application for (check all that apply): Volunteer Employment Community Service
volunteers and community service applicants need to complete only the first page for consideration

Date Application Submitted: _____

Last Name First Name Middle Initial

Street Address City State Zip

Email Address Phone Number

Are you able to perform the essential functions of the job with or without accommodations?
 Yes No Unsure

Please check appropriate age qualification:
 I have completed 6th grade 16 or Older 18 or Older 21 or older

If applying for employment, I am legally eligible to work in the United States:
 Yes No Unsure

I have a valid driver's license: Yes No

Have you worked in a Library before? Yes No

How many hours are you interested in serving? Please note, the Library prefers the following minimum service hours: volunteer - 2 hour minimums per shift, employee - 12 hours per week:

Are you willing to be on call if someone is sick or help is needed? Yes No Unsure

Are you willing to volunteer for special events? Yes No Unsure

What date (approximate is okay) would you like to start? _____

Please indicate the hours you are available:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Do you have a certain number of hours needed to meet a requirement? Yes No
If so, how many? _____

If you are applying for community service, what is the reason? _____

How did you hear about opportunities at the Library? _____

By signing below, I affirm that all information included on this application (and any additional pages) is true & accurate to the best of my knowledge.

Signature Date

Employment History

Why do you want to work at Elizabethtown Public Library (PA)? _____

Have you ever applied to work at Elizabethtown Public Library before? Yes No

Do you know anyone who works at the Library? Yes No. If so, who? _____

Are you a veteran? Yes No. If yes, thank you for your service.

Duty/Specialized Training: _____

Educational Summary

	Institution Name	Years Completed	Fields of Study	Graduate/Degree
High School				
College/University				
Business/Technical				
Other				

With what programs, mobile devices, online applications & databases do you have experience?

Why should the Library select you to be a part of the team? _____

Do you have any additional certifications, skills, abilities, language proficiencies, etc. that you would like to bring to the Library's attention? If so, please explain in detail:

I affirm the information on this page is true & accurate to the best of my knowledge _____
initial

Employment History

List most recent employment first. Make sure any relevant employment and/or volunteer service is accounted for in your employment history. If you need more space, please continue on the back or another sheet of paper.

Employer Name & address:	Position Title/Duties:	Start Date:	End Date:	Reason for Leaving:
	Supervisor Name: Telephone Number:		Wage/Salary:	
Employer Name & address:	Position Title/Duties:	Start Date:	End Date:	Reason for Leaving:
	Supervisor Name: Telephone Number:		Wage/Salary:	
Employer Name & address:	Position Title/Duties:	Start Date:	End Date:	Reason for Leaving:
	Supervisor Name: Telephone Number:		Wage/Salary:	
Employer Name & address:	Position Title/Duties:	Start Date:	End Date:	Reason for Leaving:
	Supervisor Name: Telephone Number:		Wage/Salary:	

List two references who are not relatives or former supervisors:

Name of Reference:	How long have you known this person?	Phone number:	Mailing Address:
	What is your relationship/how do you know this person?	Email address:	
Name of Reference:	How long have you known this person?	Phone number:	Mailing Address:
	What is your relationship/how do you know this person?	Email address:	

If you need additional space to complete any item, please continue on back or another page.

I certify that the facts on this application are true and complete to the best of my knowledge. I have not made any attempt to conceal information. I understand that, if employed, falsified information will be grounds for dismissal.

I authorize Elizabethtown Public Library and/or its agents to investigate any and all statements contained in this application. I authorize the references listed above to give Library representatives any and all information related to my previous employment, education, character and other pertinent information they may have, personal or otherwise. I release all parties from any and all liability for any damage that may result by furnishing this information.

I understand that, if offered employment, said employment is conditional upon satisfactory clearances which may include criminal, child abuse, drug & alcohol, credit, and other.

I understand and agree that, if hired, my employment is for no definite period of time and may be terminated at any time without cause or notice.

Signature _____

_____ Date

Elizabethtown Public Library does not and will not discriminate in employment and personnel practices on the basis of age, race, sex, non-disqualifying physical or mental disability, religion, national origin, political affiliation, marital status, gender identification, or any other basis prohibited by applicable law. Hiring, transferring and promotion practices are performed without regard to the above listed items.