



# YONKERS PUBLIC LIBRARY - An Equal Opportunity Employer EMPLOYMENT APPLICATION

Last Name	First Name	Middle Name	Date:
Address		Zip Code	Are you a U.S. citizen? YES <input type="checkbox"/> NO <input type="checkbox"/>
Email Address		Telephone	If no, do you have the legal right to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>
			Are you over 18 years of age? YES <input type="checkbox"/> NO <input type="checkbox"/>

Are you a resident of Yonkers? YES <input type="checkbox"/> NO <input type="checkbox"/>	For what position are you applying?	Clerk <input type="checkbox"/>	Librarian <input type="checkbox"/>	Computer Assistant <input type="checkbox"/>
If yes, for how long?			Custodian <input type="checkbox"/>	Shelving Page <input type="checkbox"/>
	Full Time <input type="checkbox"/>	Part Time <input type="checkbox"/>	Date you can begin work:	

<b>EDUCATION</b>			Special skills applicable to the position you are seeking:
High school (name & grade):	College:		
Type of course:	Dates attended or expect to attend:		
Date of graduation:	Special honors:	Degree received:	Honors:

Special training:	Library school:
Degree received:	Dates attended:
If you have a New York Public Librarian's Certificate, give number and type:	

**WORK EXPERIENCE** (Give present or last position first) Include job-related military experience; Attach resumé or separate sheet for additional employment information)

Name of employer or company	Address	Name & title of supervisor	Reason for leaving
From:                      To:		Position or title	
Name of employer or company	Address	Name & title of supervisor	Reason for leaving
From:                      To:		Position or title	
Name of employer or company	Address	Name & title of supervisor	Reason for leaving
From:                      To:		Position or title	
Name of employer or company	Address	Name & title of supervisor	Reason for leaving
From:                      To:		Position or title	

May we contact your present employer or supervisor? YES  NO

**PERSONAL REFERENCES:** (Do not include relatives) These persons should be familiar with applicant's qualifications for employment:

	NAME	ADDRESS	CITY & STATE	PHONE
1.				
2.				
3.				

I certify that the facts set forth in this application are true and complete, to the best of my knowledge

Signature of applicant:

Interviewed by: \_\_\_\_\_

Date:

Comments of interviewer: \_\_\_\_\_