



YONKERS PUBLIC LIBRARY - An Equal Opportunity Employer
EMPLOYMENT APPLICATION

Last Name _____ First Name _____ Middle Name _____			Date: _____ Are you a U.S. citizen? YES <input type="checkbox"/> NO <input type="checkbox"/> 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"/>
Address _____		Zip Code _____	
Email Address _____		Telephone _____	

Are you a resident of Yonkers? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, for how long? _____	For what position are you applying? Clerk <input type="checkbox"/> Librarian <input type="checkbox"/> Computer Assistant <input type="checkbox"/> Custodian <input type="checkbox"/> Shelving Page <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Date you can begin work: _____
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EDUCATION High school (name & grade): _____ Type of course: _____ Date of graduation: _____ Special honors: _____	College: _____ Dates attended or expect to attend: _____ Degree received: _____ Honors: _____	Special skills applicable to the position you are seeking: _____ _____ _____ _____ _____
Special training: _____ Degree received: _____	Library school: _____ 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:	Last Salary	Position or title	
Name of employer or company	Address	Name & title of supervisor	Reason for leaving
From: To:	Last Salary	Position or title	
Name of employer or company	Address	Name & title of supervisor	Reason for leaving
From: To:	Last Salary	Position or title	
Name of employer or company	Address	Name & title of supervisor	Reason for leaving
From: To:	Last Salary	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: _____