

485 DeMott Lane Somerset, NJ 08873 429 Lewis Street Somerset, NJ 08873 64 Clover Place Franklin Park, NJ 08823

# **EMPLOYMENT APPLICATION FORM**

		Date:		
CONTACT INFORMATION:				
Name (Last, First)	,			
Address				
City/State/Zip				
Email Address:				
GENERAL INFORMATION: Position Applied for:				
Please indicate the type of work desired? Full-7	Time: Part-Tim	e: Seasonal:	Year-round:	
Location applied to work at: DeMott La. (Somers	et) Lewis St. (S	Somerset) Frankli	n Park (Clover Pl.)	

Indicate when you are available to work year-round:

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
12:30pm-4pm	9:30am-8pm	9:30am-8pm	9:30am-8pm	9:30am-8pm	9:30am-5pm	9:30am-5pm

Please describe any volunteerism, sports, clubs, etc. that may affect your availability:

Are you under 18 years of age? If "yes", you will be required to submit working papers if offered employment.	Yes	No
Are you over 16 years of age?	Yes	No
Are you legally eligible to work in the United States?	Yes	No

### EDUCATION:

Name of School	City & State	Degree Completed
High School:		
Undergraduate:		
Graduate:		
Other:		

#### SKILLS:

Word Processing

Data Entry

Integrated Library System (If yes, please specify:\_\_\_\_

Additional Information: List any characteristics of yourself; special training, licenses and certifications, and any other information that you would like us to consider.

## WORK EXPERIENCE:

Please complete in full or attach a resume.

Employer Name and Address		Telephone	Job Title	
Summarize Job Responsibilities				
Dates Employed	Reason for Leaving	May we contact this emplo	oyer?YESNO	
Employer Name and Address		Telephone	Job Title	
Summarize Job Responsibilities				
Dates Employed	Reason for Leaving	May we contact this emplo	oyer?YESNO	

Employer Name and Address		Telephone	Job Title
Summarize Job Responsibilities		<u>.</u>	
Dates Employed	Reason for Leaving	May we contact this emplo	oyer?YESNO

## **REFERENCES:**

List three business references. School or volunteer references may be acceptable when there is no recent employment history. References should not be related to you.

Name	Relation	Telephone or Email	Years known
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I understand and agree that any false statements by me on this application will be sufficient cause for withdrawal of this application and/or separation from the library's service if I have been employed.

SIGNATURE

Applications must be completed and signed. Applications will be kept on file for one year. Franklin Township Public Library is an equal opportunity employer.