



33 East Genesee Street
 Baldwinsville, New York 13027
 (315) 635-5631 voice (315) 635-6760 fax
 info@bville.lib.ny.us www.bville.lib.ny.us

DATE: _____

APPLICATION FOR PART-TIME* EMPLOYMENT AS:

___ Page - Duties include, but not limited to, shelving books, keeping shelves in order, running errands, helping out at checkout desk.
 Must be at least 16 years of age.

___ Clerk – Duties include, but not limited to, checking out library materials, issuing library cards, processing new materials. High School diploma or equivalent required.

___ Custodian – Duties include, but not limited to, cleaning, vacuuming, minor repairs. Experience required.

___ Librarian – Duties include reference service and miscellaneous public services. Must have Masters in Library Science and a NYS Public Library Certificate.

***note:** Full time positions are filled via Civil Service exam lists. For information on Civil Service exams visit <http://www.ongov.net/employment/jobs/>

NAME: _____ EMAIL: _____ PHONE #: _____

STREET: _____ CITY: _____ STATE: _____ ZIP CODE: _____

Are you at least 16 years of age? Yes: _____ No: _____

Why do you think you would like library work? _____

When available for work?

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
9-10							
10-11							
11-12							
12-1							
1-2							
2-3							
3-4							
4-5							
5-6							
6-7							
7-8							
8-9							

EDUCATION:

Highest year completed (not current year): _____

ARE YOU LEGALLY AUTHORIZED TO WORK IN THIS COUNTRY? Yes: _____ No: _____

PREVIOUS WORK EXPERIENCE (complete form on reverse or attach resume or additional sheets if needed):

REFERENCES (please list three):

NAME: _____ PHONE NUMBER: _____ EMAIL: _____

STREET: _____ CITY: _____ STATE: NY ZIP CODE: _____

NAME: _____ PHONE NUMBER: _____ EMAIL: _____

STREET: _____ CITY: _____ STATE: NY ZIP CODE: _____

NAME: _____ PHONE NUMBER: _____ EMAIL: _____

STREET: _____ CITY: _____ STATE: NY ZIP CODE: _____

Complete the following information in order from the most recent to the oldest employment history.

Name of Employer: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Supervisor's Name and Title: _____

Telephone: _____ Email: _____

Your Title and Duties: _____

Date Employed: _____ Reason(s) for Leaving: _____ May we contact the employer? Yes: _____ No: _____

Name of Employer: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Supervisor's Name and Title: _____

Telephone: _____ Email: _____

Your Title and Duties: _____

Date Employed: _____ Reason(s) for Leaving: _____ May we contact the employer? Yes: _____ No: _____

Name of Employer: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Supervisor's Name and Title: _____

Telephone: _____ Email: _____

Your Title and Duties: _____

Date Employed: _____ Reason(s) for Leaving: _____ May we contact the employer? Yes: _____ No: _____

Name of Employer: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Supervisor's Name and Title: _____

Telephone: _____ Email: _____

Your Title and Duties: _____

Date Employed: _____ Reason(s) for Leaving: _____ May we contact the employer? Yes: _____ No: _____