



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: \_\_\_\_\_