



SARATOGA SPRINGS PUBLIC LIBRARY
49 Henry Street, Saratoga Springs, NY 12866-3224
 (518) 584-7860 * Fax (518) 584-7866

Prospective employees will receive consideration without discrimination based on race, creed, color, sex, age, national origin, handicap, veteran status or any condition prescribed by state or local law.

APPLICATION FOR EMPLOYMENT

Last Name		First Name		Middle		Date	
Street Address						Home Telephone	
						()	
City, State, Zip						Business Telephone	
						()	
Position Desired						Email address	
Are you legally eligible for employment in the United States?						When will you be available to begin work?	
Are you available evenings & Saturdays?				If not, what hours are you available to work?			
Have you been convicted of any crimes, excluding misdemeanors and summary offenses, which have not been annulled, expunged or sealed by a court? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes" describe in full.							
How did you learn of our organization?							
Special skills: computer, custodial, security, building trades or other.							

School	Name and Location of School	Course of Study	No. of Yrs. Completed	Did you Graduate?	Degree/Diploma or Certificate
High School				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other School, Special courses				<input type="checkbox"/> Yes <input type="checkbox"/> No	
College				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Graduate				<input type="checkbox"/> Yes <input type="checkbox"/> No	

Librarian applicants please provide your NYS Public Librarian Certificate #

EMPLOYMENT

Please give accurate, complete full-time and part-time employment record. Start with your present or most recent employer.

Company Name and Address		Telephone ()
Name of Supervisor	Weekly Pay Start Finish	Employed-(state month & year) From To
State Job Title and Describe your work		Reason for leaving

Company Name and Address		Telephone ()
Name of Supervisor	Weekly Pay Start Finish	Employed-(state month & year) From To
State Job Title and Describe your work		Reason for leaving

Company Name and Address		Telephone ()
Name of Supervisor	Weekly Pay Start Finish	Employed-(state month & year) From To
State Job Title and Describe your work		Reason for leaving

Company Name and Address		Telephone ()
Name of Supervisor	Weekly Pay Start Finish	Employed-(state month & year) From To
State Job Title and Describe your work		Reason for leaving

We may contact the employers listed above unless you indicate those you do not want us to contact	DO NOT CONTACT
	Employer Number(s) Reason

APPLICANT'S SIGNATURE

Please read and understand this statement before signing your application:

The information I have provided in this Application for Employment is true, correct and complete. False, incomplete or misrepresented information of any kind, will be sufficient cause for my application to be rejected or, if discovered after I am employed, cause for immediate termination of my employment.

I authorize the employer to contact and obtain information about me from previous employers and educational institutions I provided necessary to verify the accuracy of information I disclosed in this application, a related employment resume or a personal interview.

Date	Signature
-------------	------------------