



SARATOGA SPRINGS PUBLIC LIBRARY
49 Henry Street, Saratoga Springs, NY 12866-3271
(518) 584-7860 • Fax: (518) 584-7866 • www.sspl.org

Thank you for your interest in working at Saratoga Springs Public Library.

An application form is attached, and must be completed, signed, and submitted to the Human Resources Manager for consideration. Please note:

- You are welcome to attach a resume; however, the application itself must be completed (i.e., “see attached resume” is not acceptable)
- All hiring at the Library is done in accordance with the rules of the Saratoga Springs Municipal Civil Service Commission. For this reason, the Library uses the Civil Service employment/examination application
- If you are applying to take a *Civil Service examination*, please remit the completed application to the *Civil Service office* directly
- If you are applying for a Library position, **please do not furnish your Social Security Number or your birthdate.**

**Please return your completed employment application to:
Saratoga Springs Public Library
Attention: Human Resources
49 Henry Street
Saratoga Springs NY 12866**

Applications are accepted on a continuous basis, and are generally kept active for one year. Positions are usually filled on a part-time basis, and hours may include evenings and weekends. The library does not routinely inform all individuals submitting applications when a position is open. Applicants who are available for the scheduled hours, and who have the required qualifications, may be contacted for an interview. Applicants who are offered a position will be subject to a criminal background check and a review of their qualifications by the City of Saratoga Springs Municipal Civil Service Commission.

Certain full-time positions are considered Competitive, and require appointment from an established Civil Service eligible list. For more information on Civil Service examinations, position classifications, and minimum qualifications, please contact: **City of Saratoga Springs Municipal Civil Service Commission, 5 Lake Ave-Room 5A, City Hall., Saratoga Springs, NY 12866.**

Below is a brief description of each Library position for which applications are accepted on a continuous basis. **Please indicate on the application the position(s) for which you are applying.**

Librarian: Performs professional librarian work, with responsibilities in the areas of information services, outreach, programming, resource development, professional development, and ad-hoc leadership support. Works in the areas of Adult Services, Youth Services, Teen Services, Local History, and/or Literacy & Assessment.

Library Assistant: Performs various paraprofessional library duties.

-continued-

Library Clerk: Performs various clerical, customer service, and help desk work throughout the library, including in Circulation & Technical Services, Youth Services, Public Computer Center, and Saratoga (Local History) Room.

Library Shelver: Shelves library materials, including books, CDs, and DVDs, and helps to maintain order of collections.

Maintenance Mechanic: Performs various skilled maintenance and repair tasks throughout building and grounds.

Building Maintenance Worker: Performs a variety of semi-skilled building maintenance and repair tasks, and/or helps to protect library users, staff, materials, furniture, equipment, and premises, by circulating throughout the public areas and grounds to maintain an orderly atmosphere conducive to a safe and pleasant library experience.

Library Building Monitor: Helps to protect library users, staff, materials, furniture, equipment, and premises, by circulating throughout the public areas and grounds to maintain an orderly atmosphere conducive to a safe and pleasant library experience.

Cleaner: Performs routine building cleaning tasks.



APPLICATION FOR EXAMINATION / EMPLOYMENT

The City of Saratoga Springs Civil Service Commission

5 Lake Avenue Room 5A (City Hall)

Saratoga Springs, NY 12866-2366

(518) 587-3550 ext. 2602 www.saratoga-springs.org

The City of Saratoga Springs is an Equal Opportunity Employer. The City does not unlawfully discriminate in employment because of age, race, creed, color, national origin, sex, sexual orientation, disability, marital status, arrest and/or criminal conviction record unless based on a bona fide occupational qualification or other exception, genetic predisposition, or domestic violence victim status.

This application is part of your examination. Answer all questions fully. A resume, if submitted, cannot substitute for the application. You are encouraged to read the General Conditions and Instructions listed on the Examination Announcement for more information.

Position / Exam Title		Exam #	
-----------------------	--	--------	--

Last Name		First Name		MI	
-----------	--	------------	--	----	--

Soc. Sec. #		Police Officer & Firefighter Candidates Only - Enter Date of Birth	Month	Day	Year
-------------	--	--	-------	-----	------

Are you 18 years of age or older?	Yes	No
-----------------------------------	-----	----

PERMANENT LEGAL ADDRESS, CONTACT INFORMATION AND RESIDENCY REQUIREMENTS

Street Address					
P.O. Box (if applicable)					
City, Town or Village		State		Zip	
Phone Number	Home		Cell		
Email					

Residency Requirements: Candidates must meet the Residency Requirements as stated on the examination announcement. You must complete the following to determine if you meet these residency requirements.

Jurisdiction	Name of Jurisdiction	As of the date of this application, have you legally resided in this jurisdiction for one (1) month or more?	
		YES / NO	If "No"- list the date you will meet this one-month residency requirement.
Village			
Town			
City			
County			

CITIZENSHIP / ELIGIBILITY FOR EMPLOYMENT: Before you can be employed in any position, you will be required to produce documents that establish your identity and your eligibility to be employed in the United States.

Examination Fee _____	CIVIL SERVICE USE ONLY	Fee Waived _____
Application Approved _____	Disapproved _____	Conditional Approval _____

Special Testing Arrangements (Refer to General Conditions and Instructions listed on the Examination Announcement). If you need a special arrangement or accommodation to take the examination, check below and contact the Civil Service Office at (518) 587-3550 ext. 2602. **I need a special testing arrangements _____**

VETERANS CREDITS

If you wish to apply for Veterans Credits, complete the following and attach a copy of your DD Form 214 Member 4. (Refer to General Conditions and Instructions). If "No" skip this section.	Yes	No
Have you ever served in the Armed Forces of the United States? <i>(The Armed Forces means the Army, Navy, Marine Corps, Air Force, and Coast Guard, including all components thereof and the National Guard when in the service of the US pursuant to call as provided by Law on a full-time active duty basis other than active duty for training purposes).</i>		
Did you serve in the Armed Forces during any of the following periods:		
February 28, 1961 – May 7, 1975		
August 2, 1990 – end of hostilities		
*Lebanon: June 1, 1983 – December 1, 1987		
*Granada: October 23, 1983 – November 21, 1983		
*Panama: December 20, 1989 – January 31, 1990		
<i>*Credit for Lebanon, Grenada and Panama is limited to those who received the Armed Forces Expeditionary Medal, the Navy Expeditionary Medal, or the Marine Corps Expeditionary Medal.</i>		
Have you ever used additional credits as a disabled or non-disabled veteran for appointment to any position in the public employment of New York State or any of its civil divisions?		
Do you have a service connected disability rated at 10% or more by the U.S. Department of Veterans Affairs? This disability must have been incurred during a Time of War period listed above.		
After you were permanently appointed using non-disabled veteran credits, were you subsequently certified as having a service connected disability rated at 10% or more by the Veterans Affairs Dept.?		
Are you currently a resident of New York State?		

DRIVER'S LICENSE

Complete the following if a license to operate a motor vehicle is required for the position that you are applying.

License Number		Restrictions				
Expiration Date		Endorsements				
Class of License		Is this License Currently Valid?	Yes		No	

ADDITIONAL QUESTIONS

Check the appropriate box to the right of each question.	Yes	No
a. Were you dismissed or discharged from any employment for reasons other than lack of work or funds or medical reasons?		
b. Did you ever resign from any employment rather than face dismissal?		
c. Did you ever receive a discharge from the Armed Forces of the United States which was other than "Honorable" or which was issued under the other than honorable circumstances?		
d. Have you ever been convicted of any crime (felony or misdemeanor)?		
e. Are you now under charges for any crime?		

If you answered "Yes" to any of the above questions (a – e), you may give specifics under Remarks below. If you elect not to provide specifics or if such explanation is insufficient, you may be required to submit further information. **None of the above circumstances represents an automatic bar to employment. Each case is considered and evaluated on individual merits in relation to the position(s) for which you are applying.**

REMARKS: _____

EDUCATION

High School		YES	NO
Have you Graduated from High School or do you have possession of a High School Equivalency Diploma?			
If "Yes", City and State of High School:			
Equivalency Diploma Number			

College, University, Professional or Technical School						
Name of School	Number of College Credits Received	Type of Degree Earned	Major Subject or Type of Course	Did You Graduate?		Date Degree Expected or Received
				YES	NO	

LICENSE OR CERTIFICATION

Complete the following if a License, Certification or other authorization to practice a trade or profession is required on the examination announcement for the position for which you are applying.

Name of Trade or Profession:		Specialty	
License Number:			
Granted by (Licensing Agency):		City/State	
Date License First Issued:		Registered From:	Registered To:

EXPERIENCE

All sections must be filled out completely even if you attach a resume. Begin with the most recent employment. List all employment or military service that shows that you meet the minimum qualifications for the examination. Omissions or vagueness will not be interpreted in your favor. Under *Description of Duties* clearly describe the nature of work which you personally performed. Verified and documented volunteer experience will only be credited when specifically stated on the examination announcement. You may attach additional sheets if you need more space.

Length of Employment		Firm Name:		
From:		To:		Firm Address:
Earnings (complete one)			DESCRIPTION OF DUTIES	
Hourly				
Annual				
Your Exact Title				
Name of Your Supervisor				
Hours worked / wk. (exclusive of overtime)				
Reason for Leaving				

Length of Employment				Firm Name:	
From:		To:		Firm Address:	
Earnings (complete one)				DESCRIPTION OF DUTIES	
Hourly					
Annual					
Your Exact Title					
Name of Your Supervisor					
Hours worked / wk. (exclusive of overtime)					
Reason for Leaving					

Length of Employment				Firm Name:	
From:		To:		Firm Address:	
Earnings (complete one)				DESCRIPTION OF DUTIES	
Hourly					
Annual					
Your Exact Title					
Name of Your Supervisor					
Hours worked / wk. (exclusive of overtime)					
Reason for Leaving					

Length of Employment				Firm Name:	
From:		To:		Firm Address:	
Earnings (complete one)				DESCRIPTION OF DUTIES	
Hourly					
Annual					
Your Exact Title					
Name of Your Supervisor					
Hours worked / wk. (exclusive of overtime)					
Reason for Leaving					

AFFIRMATION: I affirm, subject to the penalties of perjury, that the statements made in this application, including statements made in any accompanying papers, are true. I understand that all statements made by me in connection with this application are subject to investigation and verification and that a material misstatement or fraud may disqualify me from appointment and/or lead to revocation of my appointment. I give the employer the right to investigate all references and to secure additional job related information about me. I hereby release from liability the employer and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information. If the position I am applying for is covered by the employer's drug testing policy, I understand that as a condition of appointment to this position, I will be required to take and pass a pre-employment drug test.

Applicant Signature: _____ **Date of Signature** _____