

The FORT LEE PUBLIC LIBRARY – Employment Application

320 Main Street, Fort Lee, NJ 07024

fortlee.bccls.org

201-592-3628

*An Equal Opportunity Employer Operating Under the New Jersey Department of Personnel
and an Established Affirmative Action Program*

Date: _____
Name: _____ Last First Middle
Address: _____
Telephone: () _____ Email: _____
Position applied for: _____
Referral Source: _____Advertisement _____Website _____Walk in _____Employee
Other: _____

Have you previously submitted an application with Fort Lee Library? Yes No

If yes, give date(s) and position(s): _____

Have you previously been employed with Fort Lee Library? Yes No

If yes, give date(s) and position(s): _____

Date available to begin work: _____

Are you OVER 18 years old?: Yes No

(If you are under 18, you must submit working papers if you are offered employment.)

Are you presently employed?: Yes No

If yes, may we contact your employer?: Yes No

What is your desired salary range or hourly rate of pay?:

\$ _____ per _____

Are you legally qualified to work in the United States? Yes No

(If you are offered employment , you must submit documents required by the U.S. Immigration and Naturalization Service to prove your legal right to work in the U.S.)

Are you a veteran of the U.S. Armed Forces? Yes No

WORK EXPERIENCE: Starting with your most recent employer

Employer: _____

Supervisor: _____ Phone: _____

Dates employed: Month ____ Year ____ to Month ____ Year ____

Position: _____ Salary: _____

Reason for Leaving: _____

Employer: _____

Supervisor: _____ Phone: _____

Dates employed: Month ____ Year ____ to Month ____ Year ____

Position: _____ Salary: _____

Reason for Leaving: _____

Employer: _____

Supervisor: _____ Phone: _____

Dates employed: Month ____ Year ____ to Month ____ Year ____

Position: _____ Salary: _____

Reason for Leaving: _____

EDUCATIONAL BACKGROUND: Starting with your most recent school attended

School/College: _____
City: _____ State: _____
Degree Received: _____
Dates Attended: Month _____ Year _____ to Month _____ Year _____

School/College: _____
City: _____ State: _____
Degree Received: _____
Dates Attended: Month _____ Year _____ to Month _____ Year _____

School/College: _____
City: _____ State: _____
Degree Received: _____
Dates Attended: Month _____ Year _____ to Month _____ Year _____

QUALIFICATIONS & SKILLS:

Do you hold a NJ professional Librarian's Certification? _____Yes _____No

List any other special training, internships, certificates and/or licenses that may assist you in this position:

List languages you speak fluently:

Computer Skills: Check all that apply and include software & application

- | | |
|---|---|
| <input type="checkbox"/> Word Processing: _____ | <input type="checkbox"/> Spreadsheets: _____ |
| <input type="checkbox"/> Presentation: _____ | <input type="checkbox"/> Publishing: _____ |
| <input type="checkbox"/> Website Development: _____ | <input type="checkbox"/> Social Media: _____ |
| <input type="checkbox"/> Google Apps: _____ | <input type="checkbox"/> Troubleshooting: _____ |

Other: _____

REFERENCES: List names and telephone numbers of three (3) business/work references who are not related to you and are not previous supervisors. If not applicable, list three (3) school/personal references that are not related to you.

Name: _____	Title: _____
Relationship to you: _____	# of years known: _____
Phone number: _____	Email: _____

Name: _____	Title: _____
Relationship to you: _____	# of years known: _____
Phone number: _____	Email: _____

Name: _____	Title: _____
Relationship to you: _____	# of years known: _____
Phone number: _____	Email: _____

APPLICANT'S CERTIFICATION & AUTHORIZATION:

I, _____ (Print Name) hereby certify that, to the best of my knowledge and belief the answers to the questions I have given on this application and the facts that I have supplied are true and complete. I am aware that if I have given false, misleading or incomplete answers or facts in this application, my application will be rejected and that, if I am employed, any such falsification, misleading or incomplete answers or facts supplied herein shall be a basis for termination of my employment.

I authorize investigation of all statements contained in this application that may be necessary in arriving at an employment decision.

I understand that employment is subject to a 90-day probationary period.

Signature: _____ Date: _____