

EMPLOYMENT APPLICATION

Joseph T. Simpson Public Library
 16 North Walnut Street, Mechanicsburg, PA 17055
 (717) 766-0171 ; www.ccpa.net/simpson



INSTRUCTIONS	PLEASE TYPE OR PRINT CLEARLY IN INK
	1. Provide all the information requested on this application even if you attach a resume. Be sure to sign and date this application.
	2. If you are selected for an interview you will be notified.
	3. If you are selected for an interview and require any interviewing accommodations, due to the presence of a disability, please notify the person setting the appointment.
	4. After beginning work, you must submit a.) proof of your eligibility to be employed in the United States b.) Equal Employment Opportunity Data.
5. Prior to beginning work, minors must submit proof of age and obtain parent/school authorization to work.	

POSITION	Position applied for:	Date of Application:
	Are you available to work: <input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Summer Only	
	On what date would you be available for work?	

PERSONAL DATA	Name (Last, First, Middle Initial)	Social Security Number:		
	Other last name(s) used:			
	Street Address:	City:	State:	Zip:
	Home Phone: () _____	Work Phone: () _____	May we call you at work? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Email: _____		Are you at least 18 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No	
		If under 18, do you have a work permit? <input type="checkbox"/> Yes <input type="checkbox"/> No		

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of non-job-related medical condition or disability, or any other legally protected status.

EMPLOYMENT HISTORY

List all employments for at least the past 10 years, starting with the most recent position. All information must be completed. You may attach a resume, but not in place of completing the required information.

You may also include appropriate volunteer work and military service.

Selection of applicants for further consideration will be determined by the information supplied on this application. It is the responsibility of the applicant to supply sufficient information & detail on the application to permit the library to properly determine the applicant's qualifications, abilities, & attributes as they relate to the listed position.

Employer Name:	Phone: ()	
Address:	From (Mo/Yr):	To (Mo/Yr):
Supervisor's Name:	Starting Salary	Ending Salary

Job Title, Duties and Responsibilities:

Reason for Leaving:

Employer Name:	Phone: ()	
Address:	From (Mo/Yr):	To (Mo/Yr):
Supervisor's Name:	Starting Salary	Ending Salary

Job Title, Duties and Responsibilities:

Reason for Leaving:

Employer Name:	Phone: ()	
Address:	From (Mo/Yr):	To (Mo/Yr):
Supervisor's Name:	Starting Salary	Ending Salary

Job Title, Duties and Responsibilities:

Reason for Leaving:

Employer Name:	Phone: ()	
Address:	From (Mo/Yr):	To (Mo/Yr):
Supervisor's Name:	Starting Salary	Ending Salary

Job Title, Duties and Responsibilities:

Reason for Leaving:

SPECIAL SKILLS AND QUALIFICATIONS

Summarize special job-related skills and qualifications acquired from employment or other experience.

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	School	Name and Location of School (City, State)	Course of Study	No. of Years Completed	Did you Graduate?	Degree or Diploma
EDUCATION	Graduate				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	College				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Business/Trade/Technical				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	High School				<input type="checkbox"/> Yes <input type="checkbox"/> No	

ADDITIONAL INFORMATION

Membership in professional and civic organizations, special accomplishments, awards, etc. (exclude those which may disclose your race, color, religion, age or national origin)

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Please list Business or Professional references only, including last supervisor or people in a position to evaluate your work performance. Please do not list relatives.

	Name	Phone Number	Occupation	Years Known (ex. 1990-1994)
REFERENCES	1.	()		
	2.	()		
	3.	()		
	Student applicants, please provide the following:			
Current High School or College			Counselor / Teacher / Advisor	
Name:			Name:	
Location:			Phone Number:	

GENERAL	<input type="checkbox"/> Yes <input type="checkbox"/> No	May we contact your current employer for references?
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Will you be able to perform the essential job functions for the job you are applying for with or without reasonable accommodation?
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been convicted of a crime, excluding misdemeanors and summary offenses, which has not been annulled, expunged or sealed by the court? (A "yes" response does not automatically disqualify your application.)

Make sure you have answered all questions on this form. If you have not filled it out completely, it may result in the rejection of this application.

CERTIFICATION & AUTHORIZATION	Certification of Accuracy and Completeness	
	The above information is true and correct. I understand that, in the event of my employment by the Joseph T. Simpson Public Library, I shall be subject to dismissal if any information that I have given in this application is false or misleading or if I have failed to give any information herein requested, regardless of the time elapsed after discovery.	
	Authorization of Release of Information	
	I authorize the Joseph T. Simpson Public Library to inquire into my educational, professional and past employment history references as needed to research my qualifications for this position. I hereby give my consent to any former employer to provide employment-related information about me to the Joseph T. Simpson Public Library and will hold the Joseph T. Simpson Public Library and my former employer harmless from any claim made on the basis that such information about me was provided or that any employment decision was made on the basis of such information.	
	Background Disclosure and Check	
	I further authorize the Joseph T. Simpson Public Library to obtain any credit and consumer checks, as well as a background check by the Pennsylvania State Police. I understand that nothing in this employment application, the granting of an interview or my subsequent employment with the Joseph T. Simpson Public Library is intended to create an employment contract between myself and the Joseph T. Simpson Public Library under which my employment could be terminated only for cause. On the contrary, I understand and agree that, if hired, my employment will be terminable at will and may be terminated by me or the Joseph T. Simpson Public Library at any time and for any reason. I understand that no person has any authority to enter into any agreement contrary to the foregoing.	
	Other Requirements	
	If employed, I will be required to provide original documents which verify my identity and right to work in the United States under the Immigration Reform and Control Act (IRCA) of 1986. The document(s) provided will be used for completion of Form I-9.	
	Confidentiality	
	I understand that the Joseph T. Simpson Public Library employees may have access to confidential library cardholder information in the course of their duties. I promise to maintain the confidentiality of library cardholder information and understand that unauthorized access to such information or release of such information will result in discipline that can include termination.	
I hereby acknowledge that I have read and agree to the above statements.		
Signature:	Date:	
Expiration of Application: This application will expire in 90 days. After that date, unless otherwise notified, I understand that my status as an applicant will end. I may reapply for employment in the future by completing a new application.		