



## APPLICANT INFORMATION

Position Applied For: \_\_\_\_\_ Date: \_\_\_\_\_

Name (Last, First): \_\_\_\_\_

Street Address: \_\_\_\_\_

Town: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Preferred Phone #: \_\_\_\_\_ Type : Home \_\_\_\_\_ Cell \_\_\_\_\_

Email Address: \_\_\_\_\_

Are you a U.S. veteran? YES \_\_\_\_\_ NO \_\_\_\_\_

Have you ever been convicted of a crime? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, explain: \_\_\_\_\_

Are you currently employed? YES \_\_\_\_\_ NO \_\_\_\_\_ Date available to start: \_\_\_\_\_

Are you currently a student? YES \_\_\_\_\_ NO \_\_\_\_\_  
If yes, where? \_\_\_\_\_ PT \_\_\_\_\_ FT \_\_\_\_\_

## AVAILABILITY

Available: PT \_\_\_\_\_ FT \_\_\_\_\_ Total hours available (weekly): \_\_\_\_\_

	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
9AM-1PM							
1PM-5PM							
5PM-9PM							
OTHER:							

## EDUCATION

Did you graduate from high school? YES _____ NO _____	Currently enrolled? YES _____ NO _____	What School? _____
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What year did/will you graduate? _____	What is the highest grade completed? _____
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Did you receive a high school equivalency diploma? YES _____ NO _____	If yes, from which issuing authority? _____
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Have you attended college? YES _____ NO _____	Are you currently enrolled in college? YES _____ NO _____
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What college? _____	What degree? _____	Degree completed? YES _____ NO _____
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Please list any other relevant skills/certificates:

Please check off languages spoken:

ENGLISH \_\_\_\_\_  
SPANISH \_\_\_\_\_  
FRENCH \_\_\_\_\_  
OTHER (S) \_\_\_\_\_

Proficiency (Check one):

Beginner \_\_\_\_\_ Intermediate \_\_\_\_\_ Expert \_\_\_\_\_  
Beginner \_\_\_\_\_ Intermediate \_\_\_\_\_ Expert \_\_\_\_\_  
Beginner \_\_\_\_\_ Intermediate \_\_\_\_\_ Expert \_\_\_\_\_  
Beginner \_\_\_\_\_ Intermediate \_\_\_\_\_ Expert \_\_\_\_\_

## EMPLOYMENT HISTORY/ EXPERIENCE

Company:	Phone:	Supervisor:
Address:		
Starting job title:	Ending job title:	
Responsibilities:		
Start date:	End date:	Reason for leaving:
May we contact your previous supervisor for a reference? YES _____ NO _____	Avg. # of hours worked per week:	
Company:	Phone:	Supervisor:
Address:		
Starting job title:	Ending job title:	
Responsibilities:		
Start date:	End date:	Reason for leaving:
May we contact your previous supervisor for a reference? YES _____ NO _____	Avg. # of hours worked per week:	

## REFERENCES

Name:	Relationship:
Company:	Phone:
Address:	
Name:	Relationship:
Company:	Phone:
Address:	

## DECLARATION & SIGNATURE

*I hereby declare that the information given in this application is true and correct to the best of my knowledge and belief. In case any information given in this application proves to be false or incorrect, I shall be responsible for the consequences. I further request and authorize any former or present employer, military records center, police, parole and probation agencies, and former schools to provide the Central Islip Public Library with any information regarding my character, habits, work ability, and/or education. In consideration of compliance with this request, I hereby release and discharge said institutions from any claims, liabilities or damages.*

*I certify that my answers are true and complete to the best of my knowledge. If this application leads to my employment, I understand that false or misleading information in my application or interview may result in my release.*

Signature: \_\_\_\_\_

Date: \_\_\_\_\_