



50 Parklane Drive
Eagleville, PA 19403
610-666-6640
www.lowerprovidencelibrary.org

Application for Employment (*minimum age 16*)
(Please print or type)

PERSONAL INFORMATION

Name _____
Last First Middle

Present Address _____
Street City State Zip

How Long? _____

Previous Address _____
Street City State Zip

How Long? _____

Home Phone # _____ Cell Phone # _____

E-Mail Address _____

How did you learn about the position?

Library website _____ Flyer in Library _____

Referred By _____ Other _____

Do you have any immediate family employed by the library, serving on the Library Board of Trustees, or serving as a Township Supervisor? _____ If so, who? _____

EMPLOYMENT DESIRED

Position _____

If Part time specify days/hours you are available _____

Date you can start _____ Salary Requirements _____

Are you employed now? _____ If so, may we inquire of your present employer? _____

Have you applied for a job at the Library before? _____ If so, when? _____

EDUCATION

	Name and Location of School	No. of Years Attended	Did You Graduate	Major Course of Study
High School				
College				
Other				
Graduate School				

Please describe your computer skills _____

Please describe additional skills, training, or abilities you would like to have considered when evaluating your qualifications: _____

EMPLOYMENT HISTORY (List below last three employers, starting with the most current employer.)

Company/Firm: _____ _____ Address: _____ Phone: _____ Supervisor: _____	From: _____ _____ To: _____	Job Title: _____ Duties: _____ _____
	Rate of Pay Start: _____ _____ Finish: _____ _____	Reason for Leaving: _____ _____ _____
Company/Firm: _____ _____ Address: _____ Phone: _____ Supervisor: _____	From: _____ _____ To: _____	Job Title: _____ Duties: _____ _____
	Rate of Pay Start: _____ _____ Finish: _____ _____	Reason for Leaving: _____ _____ _____
Company/Firm: _____ _____ Address: _____ Phone: _____ Supervisor: _____	From: _____ _____ To: _____	Job Title: _____ Duties: _____ _____
	Rate of Pay Start: _____ _____ Finish: _____ _____	Reason for Leaving: _____ _____ _____

REFERENCES (List below the names of three persons not related to you whom you have known at least one year. Other references may be requested.)

Name	Address	Daytime Phone	Occupation	Years Acquainted
1				
2				
3				

OTHER

Are you a United States citizen? Yes _____ No _____

If not, are you authorized to work in the United States, and do you understand that under the Immigration Reform and Control Act of 1986, upon hire, you will be required to provide documents verifying your identity and eligibility to work in the United States? Yes _____

Have you ever been convicted of a felony? Yes _____ No _____

Conviction will not necessarily disqualify an applicant from employment.

If yes, please explain and provide date(s)/location(s): _____

Have you ever been disciplined or fired from a job? Yes _____ No _____

If yes, explain: _____

Please read carefully and sign:

Permission is hereby granted to the Lower Providence Community Library to conduct a thorough investigation and to solicit information as to my educational and employment history, character and general reputation, and criminal conviction record. I release, indemnify and hold harmless Lower Providence Community Library and all persons or organizations from and against any and all liability arising from such statements, their solicitation or use.

I understand that this employment application, granting of an interview and any other Library documents are not contracts of employment or for the granting of benefits, and that any individual who is hired may voluntarily leave or be terminated at any time, with or without any cause. I have read the job description of the position for which I am applying and know of no reasons I cannot perform the tasks as outlined.

I certify that all statements made by me on my application are true and correct to the best of my knowledge and belief. I understand that any false, inaccurate or omitted statements of a material fact could be a cause for rejection

of my application or termination of my employment at any time. I, furthermore, agree to maintain the accuracy of the information contained in this application if I am employed by Lower Providence Community Library. I understand that, if accepted for employment, it is necessary for me to abide by the rules and policies of Lower Providence Community Library. If hired, I agree to apply for, at my own expense, the PSP report of criminal history, the Child Abuse History Certification, and the fingerprint based federal criminal history with the understanding that continued employment is contingent upon the results of these background checks. Proof of application is required before employment can begin. All of these clearances are due to the library within 90 days of employment, at which time Lower Providence Community Library will reimburse the applicant \$10 for each clearance.

I have read, understand, and by my signature consent to these statements.

Date: _____ Signature of Applicant: _____

LOWER PROVIDENCE COMMUNITY LIBRARY IS AN EQUAL OPPORTUNITY EMPLOYER