



53705 Main Road
 PO Box 697
 Southold, NY 11971
 (631) 765-2077
 southoldlibrary.org

Application for Employment

Name: _____ Date: _____
 Address: _____ Phone: _____
 _____ eMail: _____

Position you are applying for: _____

I have experience with: Internet eMail Online Library Catalog
 Mobile Devices Language other than English
 Specify: _____

Education

School	Years Attended	Name of School	City	Course (Major)	Graduate (Y or N)
High School					
College					
Other					

Professional References

Name	Phone	Relationship

List work experience on the back and sign



Work Experience

Supervisor's Name: _____

Company: _____ Dates Worked: _____

Your Duties: _____

Reason for leaving: _____

Supervisor's Name: _____

Company: _____ Dates Worked: _____

Your Duties: _____

Reason for leaving: _____

Supervisor's Name: _____

Company: _____ Dates Worked: _____

Your Duties: _____

Reason for leaving: _____

I certify that the facts set forth in this application for employment are true and complete to the best of my knowledge. I understand that if I am employed, false statements on this application shall be considered sufficient cause for dismissal. This company is hereby authorized to make investigations of my prior educational and employment history.

Signature: _____

Date: _____

Our policy is to provide equal employment opportunity to all qualified persons without regard to race, creed, color, religious belief, sex, age, national origin, ancestry, physical or mental disability, or veteran status.