

Montgomery County-Norristown Public Library  
1001 Powell Street  
Norristown, PA 19401

Application for Employment  
(Please print or type)

**PERSONAL INFORMATION**

Name \_\_\_\_\_  
*Last First Middle*

Social Security no. \_\_\_\_\_

Present Address \_\_\_\_\_  
*Street City State Zip*

Permanent Address \_\_\_\_\_  
*Street City State Zip*

Telephone Number at home (include area code) \_\_\_\_\_

Telephone Number at work (include area code) \_\_\_\_\_

Driver's License Identification Number/State \_\_\_\_\_

Are you able to work at multiple locations? Yes \_\_\_\_\_ No \_\_\_\_\_

List any relatives working for us: \_\_\_\_\_

How did you learn about the position?

Newspaper Advertisement \_\_\_\_\_ Name of paper \_\_\_\_\_

Referred By \_\_\_\_\_

Other \_\_\_\_\_

**EMPLOYMENT DESIRED**

Position \_\_\_\_\_

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 additional skills, training, or abilities you would like to have considered when evaluating your qualifications: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you have any of the following certificates issued by the Pennsylvania Department of Education? If yes, include the certificate number.

Library assistant? No \_\_\_\_\_ Yes \_\_\_\_\_

Provisional librarian? No \_\_\_\_\_ Yes \_\_\_\_\_

Professional librarian? No \_\_\_\_\_ Yes \_\_\_\_\_

**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				

1. Were you provided a job description? Yes \_\_\_\_\_ No \_\_\_\_\_  
 If yes, complete questions 2 and 3. If no, skip questions 2 and 3.

2. Are you able, without accommodation, to perform all of the essential functions of the job for which you are applying? Yes \_\_\_\_\_ No \_\_\_\_\_  
 If yes, skip question 3. If no, complete question 3.

3. Are you able, with accommodation, to perform all of the essential functions of the job for which you are applying?

Yes \_\_\_\_\_ Please describe any accommodation that you need: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

No \_\_\_\_\_ Please describe any functions of the job for which you are applying that you cannot perform with or without accommodation: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**U.S. MILITARY SERVICE**

Dates of Service: From \_\_\_\_\_ To \_\_\_\_\_ Branch \_\_\_\_\_

Rank and Principal Duties: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Type of Discharge: \_\_\_\_\_

**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 crime? Yes \_\_\_\_\_ No \_\_\_\_\_  
Conviction will not necessarily disqualify an applicant from employment.

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

Please read carefully and sign:

Permission is hereby granted to the Montgomery County-Norristown Public Library to conduct a thorough investigation and to solicit information as to my educational and employment history, character and general reputation, credit and criminal conviction record. I release, indemnify and hold harmless Montgomery County-Norristown Public Library and all persons or organizations from and against any and all liability arising from such statements, their solicitation or use. I understand I have the right to make a written request within a reasonable period of time to receive complete information about the nature and scope of my credit investigation.

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. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon Montgomery County-Norristown Public Library unless made in writing. If an employment relationship is established, I understand and agree that it is not for a definite period of time and that I have the right to terminate my employment at any time and that Montgomery County-Norristown Public Library retains a similar right. If terminated, I authorize Montgomery County-Norristown Public Library to deduct to the extent permitted by law, any amount which I may owe to Montgomery County-Norristown Public Library from any amount Montgomery County-Norristown Public Library may owe me. I understand that no representative of Montgomery County-Norristown Public Library has any authority to offer or enter into any agreement for employment for any specified period of time or to make any agreement contrary to the foregoing.

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 Montgomery County-Norristown Public Library.

I understand that, if accepted for employment, it is necessary for me to abide by the rules and policies of Montgomery County-Norristown Public Library. If hired, I agree to apply for, at my own expense, both the Criminal History and Child Abuse background checks with the understanding that continued employment is contingent upon the results of these background checks.

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

Date: \_\_\_\_\_ Signature of Applicant: \_\_\_\_\_

MONTGOMERY COUNTY-NORRISTOWN PUBLIC LIBRARY IS AN EQUAL OPPORTUNITY EMPLOYER