

# APPLICATION FOR PART-TIME EMPLOYMENT

## Northern Onondaga Public Library

Mailing Address: 8686 Knowledge Lane, Cicero NY 13039

[www.nopl.org](http://www.nopl.org)

Phone: (315) 699-2534

Fax: (315) 699-2301

Name \_\_\_\_\_  
Last First M.I.

Current Address \_\_\_\_\_  
Street or Post Office Box

\_\_\_\_\_ Phone \_\_\_\_\_  
City, State and Zip Code

E-Mail \_\_\_\_\_ Fax \_\_\_\_\_

Position(s) applied for \_\_\_\_\_

Most library positions require working evenings and weekends. Are you available to work these hours? Yes \_\_\_ No \_\_\_ Comment \_\_\_\_\_

### EDUCATION

| School Name | Course of Study | Degree or Diploma |
|-------------|-----------------|-------------------|
| High School |                 |                   |

College \_\_\_\_\_

Post-Graduate or Other (Specify) \_\_\_\_\_

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### Employment History

Please employment and/or volunteer experience, beginning with current or most recent.

Employer Name/Address/Phone -- Start/End Dates -- Summary of Work Done

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May we contact the employers listed above? \_\_\_\_\_ If not, please indicate which one(s) you do not wish us to contact.

Please highlight any skills or training you want us to know about:

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**Work-Related References**

| Organization and Contact |         |              | Relationship          |
|--------------------------|---------|--------------|-----------------------|
| Person Name              | Address | Phone Number | (Supv.? Friend? Etc.) |

1.  

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2.  

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3.  

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I certify all the information set forth is true and I understand that falsification may be considered sufficient cause for dismissal.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date