

# 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

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

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) \_\_\_\_\_

---

### 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

---

---

---

---

---

---

---

---

