

Gloucester City Library

Employment Application



Gloucester City Library
50 N. Railroad Ave., Gloucester City, NJ 08030
Phone (856) 456-4181 – Fax (856) 456-6724

www.gcpl.us

Applicant Information:

Name (Last, First, Middle) _____

Address: _____

City, State Zip: _____

Phone (work) _____ (home) _____ (cell) _____

SSN _____ E-mail _____

Position applied for: _____ Date _____

Have you ever applied to Gloucester City Library before: _____ Yes _____ No. If yes, please give date _____

Date you can start: _____

Are you currently employed: _____ Yes _____ No May we contact you at work: _____ Yes _____ No

May we contact your current employer: _____ Yes _____ No

Are you currently on layoff status and subject to recall: _____ Yes _____ No

Do you possess a current driver's license: _____ Yes _____ No

If you are under eighteen years of age, can you provide proof of eligibility to work: _____ Yes _____ No

Are you legally eligible to work in the United States of America: _____ Yes _____ No

Pursuant to Federal Law, proof of US citizenship or Immigration status will be required if you are hired.

Employment is conditional upon the results of the criminal background check.

Gloucester City Library is an Equal Opportunity Employer.

Employment History: This section MUST BE completed even if you attach a resume. List your recent four employers and your major assignments. Begin with the most recent, and include any military service.

Employer:		Address	
Job Title:		Starting Salary	Final Salary
Work performed/responsibilities		Starting Date:	
		Ending Date:	
Reason for leaving:			
Supervisor's name:			
May we contact for a reference: _____ Yes _____ No			

Employer:		Address	
Job Title:	Starting Salary	Final Salary	
Work performed/responsibilities		Starting Date:	
		Ending Date:	
Reason for leaving:			
Supervisor's name			
May we contact for a reference: _____ Yes _____ No			

Employer:		Address	
Job Title:	Starting Salary	Final Salary	
Work performed/responsibilities		Starting Date:	
		Ending Date:	
Reason for leaving:			
Supervisor's name			
May we contact for a reference: _____ Yes _____ No			

Employer:		Address	
Job Title:	Starting Salary	Final Salary	
Work performed/responsibilities		Starting Date:	
		Ending Date:	
Reason for leaving:			
Supervisor's name			
May we contact for a reference: _____ Yes _____ No			

Education: Provide information on your formal schooling and education. Include elementary, secondary, and post-secondary education, if any. Include any formal vocational or professional education. For high school and post-secondary education, indicate any major or specialty, such as Academic, Business, or Trade.

School	Years completed (Circle)	Graduated (Circle)	Major Field
High:	1 2 3 4	Y N	
College:	1 2 3 4	Y N	
Other:	1 2 3 4	Y N	

Languages: List any foreign language you know and indicate your level of proficiency.

Language	Speak Some:	Speak Fluently:	Read:	Write:

Special Skills & Experience: State any special skills, experience, training, licenses, certifications or other factors that make you especially qualified for the position for which you are applying.

Comments & Additional Information: Is there any additional information about you we should consider?

References: Provide information of three people whom we may contact as a reference.

Name	Phone Number/Address	Position

Understandings and Agreements:

As an applicant for a position with Gloucester City Library, I understand and agree that I must provide truthful and accurate information in this application. I understand that my application may be rejected if any information is not complete, true and accurate. If hired, I understand that I may be separated from employment if Gloucester City Library later discovers that information on this form was incomplete, untrue, or inaccurate. I give Gloucester City Library the right to investigate the information I have provided, talk with former employers (except where I have indicated they may not be contacted). I give Gloucester City Library the right to secure additional job-related information about me. I release Gloucester City Library and its representatives from all liability for seeking such information. I understand that Gloucester City Library is an equal-opportunity employer and does not discriminate in its hiring practices. I understand that Gloucester City Library will make reasonable accommodations as required by the Americans with Disabilities Act. I understand that, if employed, I may resign at any time and that Gloucester City Library may terminate me at any time in accordance with its established policies and procedures. No representative of Gloucester City Library may make any assurances to the contrary. I understand that any offer of employment may be subject to job-related medical, physical, drug, or psychological tests. I also understand that some positions may involve complete background and criminal checks. *For your application to be considered, you must sign and date below.*

Applicant's Signature _____ Date _____

Criminal History Questionnaire: In compliance with the policy of the Board of Trustees of the Gloucester City Library all new applicants are required to complete the questions listed below and return with the application form.

1. Have you ever been convicted of or pled guilty to any type of crime or crimes, including any offenses involving the operation of a motor vehicle while under the influence of drugs or alcohol (but excluding other motor vehicle violations)?
_____ Yes _____ No

2. If the answer is yes, provide the following information

(A) Date of conviction or guilty plea: _____

(B) The crime or offense involved: _____

(C) Place of conviction or guilt plea: _____

(D) The name of the Court involved: _____

(E) The sentence of the Court: _____

(F) If you were placed on probation, the conditions of the probation, and date of termination of the probation:

(G) Give the details of any rehabilitative work, procedure or programs in which you may have been or are involved:

I HEREBY CERTIFY THAT THE INFORMATION CONTAINED HEREIN IS TRUE TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF. I UNDERSTAND THAT IF ANY INFORMATION PROVIDED BY ME IS FALSE, I AM SUBJECT TO IMMEDIATE TERMINATION OF EMPLOYMENT.

Date: _____ Signature: _____

Note: A conviction will not necessarily be a bar to employment but such factors as age, time of the offense, seriousness and nature of the violation and any rehabilitation activity will be taken into account.

Voluntary Affirmative Action Information: You are NOT required to provide this information. Provide only if you wish. If you provide information on this page, it will be filed separated from the job application. This information will be used only for purposes of the affirmative action program.

Applicant Information:

Name: _____
Address: _____
City/town: _____
Phone: () _____

Position Applied For: _____

How did you learn about this position: _____Advertisement _____Employment Agency _____Friend
_____Relative _____Walk-in _____Other (Explain) _____

Information Regarding Status

Gender:
_____ Male
_____ Female

Equal Employment Opportunity Identification groups:
_____ White
_____ African-American (non-Hispanic)
_____ American Indian/Alaskan native
_____ Asian/Pacific Islander
_____ Other _____

Other protected Groups:
_____ Individual with a disability
_____ Vietnam-era veteran (served between 1964 and 1975)
_____ Disabled veteran