

EDUCATION

PLEASE LIST ANY DIPLOMAS, DEGREES AND/OR CERTIFICATES EARNED, AS WELL AS ACADEMIC MAJOR AND ISSUING INSTITUTION.

EMPLOYMENT HISTORY

EMPLOYER:

PHONE:

LOCATION:

JOB TITLE:

FROM: TO:

SUPERVISOR NAME:

RESPONSIBILITIES:

MAY WE CALL YOUR SUPERVISOR FOR A REFERENCE?

YES

NO

EMPLOYER:

PHONE:

LOCATION:

JOB TITLE:

FROM: TO:

SUPERVISOR NAME:

RESPONSIBILITIES:

MAY WE CALL YOUR SUPERVISOR FOR A REFERENCE?

YES

NO

EMPLOYER:

PHONE:

LOCATION:

JOB TITLE:

FROM: TO:

SUPERVISOR NAME:

RESPONSIBILITIES:

MAY WE CALL YOUR SUPERVISOR FOR A REFERENCE?

YES

NO

IF YOU HAVE EXPERIENCE WORKING IN A LIBRARY (including as a volunteer or student worker), PLEASE SHARE DETAILS ABOUT YOUR RESPONSIBILITIES AND HOW YOUR EXPERIENCE CONTRIBUTES TO YOUR INTEREST IN THIS POSITION.

PLEASE SHARE DETAILS ABOUT YOUR CUSTOMER SERVICE EXPERIENCE HERE.

PLEASE CHECK THE TECHNOLOGY PLATFORMS AND MOBILE DEVICES YOU ARE COMFORTABLE USING AND HELPING OTHERS USE.

MS WINDOWS 7

MS WINDOWS 8 or 10

MAC

MS OFFICE

GOOGLE DOCS

iOS

ANDROID SMARTPHONE

ANDROID TABLET

KINDLE

INTERNET SEARCHING

OTHER

PLEASE SHARE ANY EXPERIENCE YOU HAVE ASSISTING OTHERS WITH TECHNOLOGY.

PLEASE SHARE ANY OTHER PROFESSIONAL OR VOLUNTEER EXPERIENCE OR SKILLS/PROFICIENCIES YOU HAVE NOT ADDRESSED WITHIN THIS APPLICATION BUT IS/ARE RELEVANT TO THIS POSITION.

PROFESSIONAL REFERENCES

For this application to be considered complete, you must provide three **professional** references below. You may duplicate supervisors from employment history.

NAME:

PHONE:

RELATIONSHIP TO YOU:

NAME:

PHONE:

RELATIONSHIP TO YOU:

NAME:

PHONE:

RELATIONSHIP TO YOU:

UNDERSTANDINGS AND AGREEMENTS

As an applicant for a position with the Avalon Free Public 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 the Avalon Free Public Library Board of Trustees later discovers that information on this form was incomplete, untrue, or inaccurate. I give the Avalon Free Public Library Board of Trustees 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 the Avalon Free Public Library Board of Trustees the right to secure additional job-related information about me. I release the Avalon Free Public Library Board of Trustees and its representatives from all liability for seeking such information. I understand that the Avalon Free Public Library is an equal- opportunity employer and does not discriminate in its hiring practices. I understand that the Avalon Free Public Library Board of Trustees 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 the Avalon Free Public Library Board of Trustees may terminate me at any time in accordance with its established policies and procedures. No representatives of the Avalon Free Public 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.

By checking this box and typing my name below I am electronically signing this application.

APPLICANT'S SIGNATURE _____ DATE _____