Month	Day	Year



Chautauqua-Cattaraugus Library System

Position Desired (type of work)

Employment Application Form

Note: Incomplete information could Please complete all sections, front & back. disgualify you from further consideration Please print or type. Middle Name Are you known by any other name? Last Name First Name Present Street Address State Zip **Email Address** City Persona Have you ever been convicted of a felony, or a misdemeanor involving any violent act, use or Telephone # Are you eligible to work in If under 18 yrs. old, the United States? Yes No Date of Birth: possession of a weapon or act of dishonesty for which the record has not been sealed or expunged? Yes No (Answering "yes" does not represent an automatic bar to employment.) Are you able to perform essential functions of the job for which you are applying with or without reasonable accommodations? Yes No Circle the highest grade completed: Grade School High School College Graduate School 1 2 3 4 1 2 3 4 5 6 7 8 9 10 11 12 Yes No ducation School Name & Address Diploma/Degree Grade Average Specialization **High School** College Graduate School ш Other List each job held with your present or last job first. Include military service and volunteer work. Address Supervisor **Position & duties Reason for leaving** Dates **Company Name** Last & phone # salary Employment

References - Please list the name, address, and phone number of three references:			
Name:	Address:	Phone #:	
Name:	Address:	Phone #:	
Name:	Address:	Phone #:	
Why are you interested in working for the Library System? (Answer in a minimum of 2 -3 sentences.)			
Do you possess any special skills which you feel would recommend you over other candidates? (List typing, computer, mechanical, carpentry, second language or other skills related to desired position.)			
Have you previously worked for the Library System or one of our Member Libraries? Yes No If yes, in what capacity and when:			
Availability (Please circle): Full-time Part-time List days and times of availability:			
Read carefully ● Sign and date			
I certify that all statements given on this application are correct, and understand that falsification or misrepresentation in this or any other personnel record may result in my dismissal. I agree to provide proof of age upon notification of hire. I authorize my former employers and other individuals to give information concerning me, whether or not it is part of their written record, and I release them and their companies from any liability whatsoever. I understand that the above noted examination and reference inquiries will be kept confidential and will not be released to anyone without my written consent. Also, I understand that if I accept employment with the Library System, it will be employment at will. Accordingly, either I or the Chautauqua-Cattaraugus Library System can terminate the relationship at will, with or without cause, at any time, so long as there is not violation of applicable federal or state law. Signature: Date:			
Signature:	Date:		
or criminal record. Accordingly, nothing in this application form should be viewed as expressing, directly or indirectly, any limitation, specification, or discrimination as to age, race, creed, color, national origin, sexual orientation, military status, sex, disability, predisposition genetic characteristics, marital status, domestic violence victim status or criminal record in connection with employment. No follow up phone calls please.			
For office use only:			
Chautauqua-Cattaraugus Library System 106 West Fifth Street, Jamestown, NY 14701 Fax: 716-483-6880 <u>http://www.cclsny.org</u> 1/2021			