Wissahickon Valley Public Library

650 Skippack Pike, Blue Bell, PA 19422 215-643-1320 x17

Employment Application

Wissahickon Valley Public Library is a non-profit, equal opportunity employer and does not discriminate on the basis of race, color, religion, sex, national origin, age, ancestry, disability or any other applicable legally protected status, in any employment practice, including without limitation, recruitment and hiring.

All applicants are required to fully complete this application, date and sign it. Please inform the library director immediately upon receiving this application if, as a result of a disability, you will need a reasonable accommodation to complete this application.

Please print neatly or type.

Personal Information

Last Name	First Name	Middle Initial
Address:		
Building No. & Street		Apartment #
City, State & Zip		
Home Telephone No		
Cell Telephone No		
Email Address		
Today's date		
Were you previously empl	oyed by the Wissahickon	n Public Library?
If yes, when?		
If your application is consi for work?		t date will you be available
Are you legally eligible for	r employment in the USA	\?
Are you able to perform th applying with or without re		he job for which you are n?
Have you ever been convic misdemeanor?		in the nature of a felony or a
If yes, please indicate the d		

Check the last year	comple	eted.			Name and location of school	
Elementary School	5	6	7	8		
High School	1	2	3	4		
College	1	2	3	4		
Graduate School	1	2	3	4		
If you are a college graduate, what was your degree?						
If you earned a master's or higher, what was your degree?						

Describe any other training or education.

Describe your experience working in libraries. If you have no experience working in libraries, explain how your skills, experience or special training would be beneficial in the library position for which you are applying.

List any professional organizations to which you belong.

Why do you think you would like to work at the Wissahickon Valley Public Library?

Employment History

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List below present and past employment, beginning with your most recent.

Company Name	
Company Address	
Type of Business	
Dates of Employment Began	Ended
Starting hourly rate	_ Ending hourly rate
Reason for leaving	
Name of supervisor	Phone Number
Describe the work that you did	

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Company Address	
Type of Business	
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Starting hourly rate	Ending hourly rate
Reason for leaving	
Name of supervisor	Phone Number
Describe the work that you did	

Acknowledgements, Authorization and Release Read carefully.

All of the information I have provided on this application and in connection wit this application is correct and true. I understand that any false, misleading or incomplete answer or statements or implications made by me in connection with this application or other required documents, or the failure to disclose any relevant information, shall result in the denial of employment or termination. I further understand that nothing contained in the application or in the granting of aninterview is intended to create a contract of employment, a contract for the providing of any benefit or to obligate the Wissahickon Valley Public Library inany way. If an employment relationship is established, I understand that I will have the right to terminate my employment with or withoutcause, for any reason at any time, and that the Wissahickon Valley Public Library have been made by me and I understand that no such promises, statements or representations are binding on the Wissahickon Valley Public Library.

I hereby grant the Wissahickon Valley Public Library permission to investigate my personal, educational and employment history and to contact persons, organizations, institutions, or government agencies that may have knowledge of me. In consideration of my receipt of this application and being considered for employment, and intending to be legally bound, I hereby release the Wissahickon Valley Public Library, its directors, officers, principals, employees and agents from any and all liability, real or potential, for seeking such information and all other persons, corporations or organizations for furnishing such information to the Wissahickon Public Library.

Signature of applicant