



215 S. Keswick Avenue, Glenside, PA 19038 • 215-885-0457 • FAX: 215-885-1239 • ctllibsyst@mclinc.org

Dear Applicant,

Below is Cheltenham Township Library System's employment application.

Completed applications can be sent by email to ctlsoffasst@mclinc.org, dropped off at the Glenside branch or sent by mail to:

Personnel Department
Cheltenham Township Library System
215 S. Keswick Ave.
Glenside, PA 19038

Please do not submit photographs of the completed application. A fillable pdf is available for applicants who wish to submit applications electronically. Full-page scans in pdf format are also acceptable.

Returned applications will be forwarded to the hiring committee and **you will be contacted only if you are selected for an interview.**

Thank you for expressing interest in applying for a job with the Cheltenham Township Library System.

Application for Employment

Cheltenham Township Library System

215 S. Keswick Avenue
Glenside, PA 19038
215-885-0457

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

We consider applications for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, sexual orientation, citizenship status, genetic information or any other legally protected status.

PLEASE PRINT

Application Information:

Position(s) applied for:	Date of application:
How did you hear about this job opportunity?: <input type="checkbox"/> Advertisement <input type="checkbox"/> Friend/relative <input type="checkbox"/> Employment website: _____ <input type="checkbox"/> Other: _____	

Contact Information:

Last name	First name	Middle name			
Address	Number	Street	City	State	ZIP Code
Phone number(s)			Email address		
Best time to contact you: _____ : _____ AM PM					

General Employment Information:

If under 18 years of age, can you provide required proof of your eligibility to work?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever filed an application with us before? If yes, give date: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been employed with us before? If yes, give date: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do any of your friends or relatives (other than spouse) work here?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you currently employed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
May we contact your present employer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you prevented from lawfully becoming employed in this country because of visa or immigration status? <i>Proof of citizenship or immigration status will be required upon employment.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date available for work: ____/____/____	Desired salary range: _____
Are you available to work: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time please indicate: <input type="checkbox"/> mornings <input type="checkbox"/> afternoons <input type="checkbox"/> evenings <input type="checkbox"/> Temporary please indicate dates available: ____/____/____ - ____/____/____	
Are you currently on "lay-off" status and subject to recall?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Can you travel if the job requires it?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Education

	School name and address	Course of study	# of years completed	Diploma Degree
Elementary school				
High school				
Undergraduate college				
Graduate Professional				
Other (Specify)				

Employment Experience

Start with your present or last job. Include job-related military service assignments and volunteer organizations. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected statuses.

1.

Employer	Address	Work performed
Supervisor	Phone number(s)	
Job title	Dates employed From: To:	
Reason for leaving		

2.

Employer	Address	Work performed
Supervisor	Phone number(s)	
Job title	Dates employed From: To:	
Reason for leaving		

3.

Employer	Address	Work performed
Supervisor	Phone number(s)	
Job title	Dates employed From: To:	
Reason for leaving		

4.

Employer	Address	Work performed
Supervisor	Phone number(s)	
Job title	Dates employed From: To:	
Reason for leaving		

If you need additional space please continue on a separate sheet of paper.

Employment Experience Cont.

List any professional, trade, business or civic activities and offices held. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected statuses:

Specialized Skills

Please check off any specialized skills/knowledge you possess:

☐ Dewey Decimal System

☐ Polaris ILS

☐ Other (list)

☐ Microsoft Word

☐ Mac computers

☐ Microsoft Excel

☐ Adobe Creative Suite

Describe any specialized training, job-related military training, apprenticeship and extra-curricular activities:

Additional Information

Professional References:

1.

Name

Phone number

Address

2.

Name

Phone number

Address

3.

Name

Phone number

Address

State any additional information you feel may be helpful to us in considering your application:

Do not answer this question unless you've been informed of the requirements of the job for which you are applying.

Can you perform the essential functions of the job for which you are applying, either with or without reasonable accomodation?

☐ Yes

☐ No

Applicant's Statement

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relations with this organization is of an “at will” nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Employer.

Signature of Applicant

Date

Personnel Department Use Only

APPLICATION STATUS		
Application received: ____/____/____	Position(s) is open? <input type="checkbox"/> Yes <input type="checkbox"/> No	Arrange interview? <input type="checkbox"/> Yes <input type="checkbox"/> No
Position(s) considered for: _____ _____		

INTERVIEW INFORMATION		
Interview date: ____/____/____	Interviewer: _____	
Remarks: _____ _____		
Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of employment: ____/____/____	
Job title: _____	Hourly rate/salary: _____	Branch: _____
Hired by: _____ NAME TITLE		