

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

