Betts Branch Library is hiring for a part-time Page.

A library Page's job includes shelving and sorting library materials, ensuring materials remain organized, and helping with other library projects and programs as needed. The library serves a diverse community of patrons who come to the library for books and other resources, meeting space, computer access, assistance with technology, and community programming.

The successful candidate for part-time page will have a welcoming and friendly presence, be enthusiastic about working within a team, and possess strong customer service, organizational and technology skills. This position will require some evening and Saturday hours. Betts Branch Library, one of eight library branches in the city of Syracuse, serves the Valley Neighborhood of Syracuse.

Essential Duties and Responsibilities:

- Performs routine physical tasks such as pushing carts, sorting, shelving, and searching for library materials
- Reads shelves for accuracy of order, re-shelving materials as needed
- Assists with weeding and shifting projects
- Clears tables and keeps library spaces in order
- Assists in the preparation of displays
- May be asked to assist patrons at the circulation desk and with office technologies
- Help with programming and library events as needed
- Related work as required

Required Skills:

- Ability to understand and carry out directions
- Perform routine tasks independently
- Tact and courtesy in dealing with staff and public
- Ability to alphabetize effectively and basic familiarity with the Dewey Decimal system
- Basic comfort level with computers and office equipment

Availability:

- Must be able to work up to 17 hours a week, including some evening and Saturdays

ONONDAGA COUNTY APPLICATION FOR OPEN COMPETITIVE EXAMINATION Form P-200 rev 07/2025

MAIL OR DELIVER TO: Onondaga County Department of Personnel, 421 Montgomery Street, 11th Floor, Syracuse NY 13202-2959 Phone (315) 435-3537
❖www.ongov.net

_____ _____
Job / Exam Title *TYPE OR PRINT CLEARLY IN INK* **Exam #**

NAME AND ADDRESS: IMMEDIATE notice should be given to this office if any changes in name or address occur.

_____ _____
Last Name **First Name** **Middle** **Social Security #**

Legal Address:

Street _____
Apt/Rd# _____
City/Village _____
Town _____
School District _____
County _____
State _____ ZIP _____

Mailing Address (If different from legal):

Street or PO Box _____
City/Village _____
State _____ ZIP _____
E-Mail Address _____
Home Phone ( ) _____
Work Phone ( ) _____
Cell Phone ( ) _____

ADDITIONAL INFORMATION

1. If you were ever dismissed or resigned in lieu of dismissal from any public (government) employment due to disciplinary reasons, explain below.
2. If you need special exam arrangements (religious accommodation or disabled), indicate accommodations needed below.

Use This Space For Explanations

_____
_____

VETERAN'S CREDIT: ❑Veteran ❑Disabled Veteran ❑Currently On Active Duty

Documentation of your veteran status (i.e.discharge papers) should be attached to your application or mailed to this department prior to the eligible list establishment date. Current active duty military personnel must provide proof of active military status at time of application to receive conditional credit.

Since January 1, 1951, have you used additional credits as a disabled/non-disabled veteran for appointment to any position in the public employment of New York State or any of its civil divisions? ❑YES ❑NO

COMPLETE FOR LAW ENFORCEMENT, CORRECTION, CUSTODY, FIREFIGHTER

1. Are you a citizen of the United States? ❑YES ❑NO 2. Date of Birth ____/____/____
3. Law enforcement, Correction and Custody positions: You must complete form P-202 and attach it to your application.

Payment Enclosed: ❑Check # _____ ❑Cash ❑Money Order ❑Visa ❑MC ❑Discover ❑Waived (proof must be attached)

DECLARATION (this affirmation *must be signed and dated*) I understand that false statements made herein are punishable as a Class A Misdemeanor, pursuant to section 210.45 of the Penal Law of the State of New York. I declare that, subject to the penalties of perjury, any statements made on this application and any attachments are the truth and to the best of my knowledge correct.

APPLICANT'S SIGNATURE _____ **DATE** _____

PERSONNEL DEPARTMENT USE ONLY: Reviewer _____ Date _____ Approved ❑ Disapproved ❑

Comments: _____

_____ Recv'd By _____

Name _____ **p-200 rev 09/2019**

Education: If more space is needed, attach additional sheets.	**Years Completed**	**Graduated yes /no**	**Major Course of Studies**	**College Credits Received**	**Type of Degree Receive**	**Date Degree Received**
Name of High School or Equivalency			XXXXXXXX XXXXXXXX	XXXXX XXX	XXXXX XXXXX	XXXXXX XXXXXX
Name of College, University, Professional or Technical School						
Name of Other Schools or Special Courses						

License Do you possess a license to practice a trade or profession? YES ❑ NO ❑ License/certificate# _____

Name of trade or profession _____ Licensing Agency _____

City/State _____ Original Issue Date _____ Expiration Date _____

Driver's License (Complete only if the position for which you are applying requires one.) Number _____

Date of Expiration _____ Class of license _____ Endorsements _____ Restrictions _____

School Bus Driver candidates: Date of Birth: _____

Experience: You must complete this section whether or not you submit a resume. **Describe any employment, volunteer experience or military service that qualifies you for the position sought.** Duties: Describe the nature of the work with estimated % of time on each type of work. If more space is needed, attach additional sheets. **All statements are subject to verification.**

Length of Employment From Mo. Yr.	Firm Name	Address	City and State
To: Mo. Yr.	Type of Business	Your Title	Name / Title of Supervisor
Total Yrs. Mos.	DUTIES: See directions above		
Hours per week			
Reason for Leaving			
Length of Employment From Mo. Yr.	Firm Name	Address	City and State
To: Mo. Yr.	Type of Business	Your Title	Name / Title of Supervisor
Total Yrs Mos.	DUTIES: See directions above		
Hours per week			
Reason for Leaving			
Length of Employment From Mo. Yr.	Firm Name	Address	City and State
To: Mo. Yr.	Type of Business	Your Title	Name / Title of Supervisor
Total Yrs. Mos.	DUTIES: See directions above.		
Hours per week			
Reason for Leaving			

ONONDAGA COUNTY DEPARTMENT OF PERSONNEL
EQUAL EMPLOYMENT OPPORTUNITY QUESTIONNAIRE

The following information is voluntary and will be maintained confidentially.

SOCIAL SECURITY #: _____

EXAM TITLE: _____ **EXAM DATE:** _____

MALE ❑ **FEMALE** ❑

❑ **White/Non-Hispanic** ❑ **Black** ❑ **Hispanic** ❑ **Asian/Pacific Islander** ❑ **American Indian/Alaskan Native**

Onondaga County does not discriminate because of race, creed, color, citizenship, national origin, age, sex, religion, marital status, conviction record, disability, genetic predisposition or carrier status, pregnancy, or sexual orientation. Onondaga County's programs are accessible to all as required by 45FR84.22B. If you have a disability for which you wish accommodation in visiting a county office or in receiving county services, please contact the head of the respective department or his/her representative to make arrangements. Onondaga County's Equal Employment Program and compliance with the Vocational Rehabilitation Act (Section 504) is coordinated by the County Personnel Department. NOTE: Federal law requires employers to hire only U.S. citizens or aliens with the authorization to work in the U.S. Federal Law also requires that at the time of appointment, you provide to the employer certain information, including date of birth, country of origin, right to work in the U.S., and to provide for review certain documents establishing your identity and work authorization, such as birth certificate, etc.