

Part-Time Page – Syracuse Northeast Community Center Library

The Onondaga County Public Library is committed to building a diverse, equitable, and inclusive workplace that reflects the communities we serve. The Syracuse Northeast Community Center Library is looking for a part-time Page who shares these values and is enthusiastic about creating a welcoming environment for all.

A page's job includes shelving, sorting, and checking in library materials under the supervision of the Branch Manager. The successful candidate for part-time page will have a welcoming attitude, be enthusiastic about working with a team, and have strong technology skills.

ESSENTIAL DUTIES AND RESPONSIBILITIES

- Performs physical tasks such as pushing carts, sorting, shelving, and searching for library materials
- Checks library materials in and out
- Reads shelves for accuracy of order, re-shelving materials as needed
- Assists with weeding and shifting projects
- Help maintain clean, welcoming, and accessible library spaces
- Assists in the preparation of displays
- Provide courteous assistance at the circulation desk when needed
- Related work as required

SKILLS AND ABILITIES

- Commitment to fostering an inclusive, respectful, and welcoming environment for all library visitors
- Ability to follow directions and perform routine tasks independently
- Excellent interpersonal skills with tact and courtesy when interacting with diverse staff and community members.
- Basic comfort and willingness to learn new technology and how to use office equipment

AVAILABILITY

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

PAY RATE

• \$15.50 per hour

To Apply: We welcome candidates from all backgrounds and experiences. Please fill out the Onondaga County Application for Open Competitive Examination on the Employment Page of our website (please note there is no exam required, we use this application as standard for all positions). Return the application to the White Branch Library or email it to Jaclyn Bleich at jbleich@onlib.org. Deadline for submissions is Friday, September 19, 2025.

White Branch Library located at 763 Butternut Street, Syracuse, NY 13208 Phone 315-435-3519 www.onlib.org Amanda Perrine, Executive Director

ONONDAGA COUNTY APPLICATION FOR OPEN COMPETITIVE EXAMINATION Form P-200 rev 09/2019

MAIL OR DELIVER TO: Onondaga County Department of Personnel, 421 Montgomery Street, 13th Floor, Syracuse NY 13202-2959 Phone (315) 435-3537
❖www.ongov.net

Legal Address: Mailing Address (If different from legal): Street Street or PO Box Apt/Rd# City/Village City/Village State ZIP	NAME AND ADDRESS	5: IMMEDIATE notice should be given	Tto this office if any changes in r	name of address occur.
Street Street Street Street or PO Box City/Village State ZIP State	Last Name	First Name	Middle	Social Security #
ApURdif City/Village State ZIP State ZIP School District Home Phone () State ZIP Cell Phone () State ZIP Gell Phone () State ZIP ZIP State ZIP ZIP State ZIP ZI	Legal Address:		Mailing A	Address (If different from legal):
City/Village	Street		Stre	et or PO Box
School District Home Phone () School Distric	Apt/Rd#		City/	/Village
School District	City/Village		State	e ZIP
County	Town		E-M	ail Address
ADDITIONAL INFORMATION 1. If you were ever dismissed or resigned in lieu of dismissal from any public (government) employment due to disciplinary reasons, explaint pelow. 2. If you need special exam arrangements (religious accommodation or disabled), indicate accommodations needed below. USE This Space For Explanations WETERAN'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 ecceive 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 poursuant to section 210.45 of the Penal Law of the State of New York. I declare that, subject to the penalities 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 Approved □ Disapproved □	School District		Hom	ne Phone ()
ADDITIONAL INFORMATION 1. If you were ever dismissed or resigned in lieu of dismissal from any public (government) employment due to disciplinary reasons, explanations. 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 aligible list establishment date. Current active duty military personnel must provide proof of active military status at time of application to ecceive 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) Londerstand that false statements made herein are punishable as a Class A Misdemeanor, poursuant to section 210.45 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 Disapproved Date Approved Disapproved Date Approved Disapproved Date Approved Disapproved Date	County		Wor	k Phone ()
1. If you were ever dismissed or resigned in lieu of dismissal from any public (government) employment due to disciplinary reasons, explanelow. 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? NES NO 2. Date of Birth J Amount of New York State or any of its civil divisions? NO 2. Date of Birth J Amount of the United States? NO 2. Date of Birth J Amount of the United States? NO 2. Date of Birth J Amount of the United States? NO 2. Date of Birth J Amount of the United States? NO 3. Law enforcement, Correction and Custody positions: You must complete form P-202 and attach it to your application. Payment Enclosed: Check # Ocash Money Order Visa MC Discover Waived (proof must be attached Declaration 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	State	ZIP	Cell	Phone ()
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? 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 because the period 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. PERSONNEL DEPARTMENT USE ONLY: Reviewer Date Approved Disapproved Disapprove				
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 attache 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 DATE PERSONNEL DEPARTMENT USE ONLY: Reviewer Date Approved Disapproved Disapproved Disapproved	VETERAN'S CREDIT:	☐ Veteran ☐ Disabled Vetera	an Currently On Active [Duty
COMPLETE FOR LAW ENFORCEMENT, CORRECTION, CUSTODY, FIREFIGHTER 1. Are you a citizen of the United States?	eligible list establishme	nt date. Current active duty military p	should be attached to your appli ersonnel must provide proof of a	ication or mailed to this department prior to the ctive military status at time of application to
1. Are you a citizen of the United States?	Since January 1, 1951, employment of New Yo	have you used additional credits as rk State or any of its civil divisions?	a disabled/non-disabled veteran	for appointment to any position in the public
B. 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 by Declaration 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 Date Approved Disapproved				
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 DATE Date Approved Disapproved Disa				
DECLARATION (this affirmation <i>must be signed and dated</i>) 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	5. Law emorcement, Co	orrection and Custody positions. For	i musi complete form F-202 and	апаст п ю уош аррпсаноп.
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	Payment Enclosed: 🗆	ICheck # □Cash □I	Money Order □Visa □MC □	☐Discover ☐Waived (proof must be attached
PERSONNEL DEPARTMENT USE ONLY: Reviewer Date Approved □ Disapproved □	oursuant to section 210.45	of the Penal Law of the State of New Yo	rk. I declare that, subject to the pena	
PERSONNEL DEPARTMENT USE ONLY: Reviewer Date Approved □ Disapproved □	APPLICANT'S SIGNA	TURE		DATE
				Approved Disapproved Disapproved
			Re	ecv'd By

Name					p-200 re	ev 09/2019)
Education: If m	Years Completed	Graduated yes /no	Major Course of Studies	College Credits Received	Type of Degree Receive	Date Degree Received	
Name of High School			XXXXXXXX	XXXXX	XXXXX	XXXXXX	
Name of College, Ur	niversity, Professional or Technical School			7000000		70000	7,000,00
Name of Other Scho	pols or Special Courses						
License Do you po	ossess a license to practice a trade or profession?	YES 🗖	NO 🗖 Lia	ense/certificat	e#		
Name of trade or p	rofession		Licensing	Agency			
	Original Issue Da						
Driver's License (Complete only if the position for which you are app	olying require	s one.) Num	ber			
Date of Expiration	Class of license	End	dorsements _		Restrictions	S	
	r candidates: Date of Birth:		_				
service that qualifie	nust complete this section whether or not you submit a re s you for the position sought. Duties: Describe the na ditional sheets. All statements are subject to verification.	ture of the wor					
Length of Employment		ddress		City and	State		
From Mo. Yr.							
To: Mo. Yr.	Type of Business Y	our Title		Name / 1	Title of Supe	ervisor	
Total Yrs. Mos.	DUTIES: See directions above						
Hours per week							
Reason for Leaving							
Length of Employment	Firm Name A	ddress		City and	State		
From Mo. Yr.							
To: Mo. Yr.	Type of Business Y	our Title		Name / 1	Title of Supe	ervisor	
Total Yrs Mos.	DUTIES: See directions above						
Hours per week							
Reason for Leaving							
Length of Employment	Firm Name A	ddress		City and	State		
From Mo. Yr.							
To: Mo. Yr.	Type of Business Y	our Title		Name / 1	Title of Supe	ervisor	
Total Yrs. Mos.	DUTIES: See directions above.						
Hours per week							
Hours per week Reason for							
Leaving							

ONONDAGA COUNTY DEPARTMENT OF PERSONNEL EQUAL EMPLOYMENT OPPORTUNITY QUESTIONNAIRE							
The following information is	The following information is voluntary and will be maintained confidentially.						
SOCIAL SECURITY #:							
EXAM TITLE:	EXAM TITLE:						
MALE FEMALE							

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.