

ONONDAGA COUNTY PUBLIC LIBRARY - PAGE PRELIMINARY APPLICATION

(Please submit with the County Employment Application P200)

NAME _____ DATE _____ SOC. SEC.# _____

ADDRESS _____ CITY/VIL./TOWN _____ ZIP _____

TEL. HOME# _____ WORK# _____ ALTERNATE# _____ BIRTHDATE _____

E-MAIL ADDRESS _____ (If under 18)

AVAILABILITY: (LIST DAYS AND HOURS)

MORNINGS _____
AFTERNOONS _____
EVENINGS _____
SATURDAYS _____
SUNDAYS _____

WILL ACCEPT WORK AT: (CHECK ALL THAT APPLY)

CENTRAL LIBRARY _____ PAINE _____
BEAUCHAMP _____ PETIT _____
BETTS _____ SOULE _____
HAZARD _____ SWCC _____
MUNDY _____ WHITE _____
NECC _____

REFERENCES:

WHOM MAY WE CALL FOR A REFERENCE?

(Do not list friends or relatives)

NAME _____
POSITION _____
FIRM _____
PHONE _____ RELATIONSHIP _____

NAME _____
POSITION _____
FIRM _____
PHONE _____ RELATIONSHIP _____

MAY WE CONTACT YOUR PRESENT/PREVIOUS SUPERVISOR? YES _____ NO _____

(OVER)

*New York State Law prohibits discrimination because of race, creed, color, national origin, sex, age, disability, marital status or arrest record.

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CAN YOU USE A COMPUTER OR KEYBOARD? YES _____ NO _____

OTHER TRAINING/SKILLS _____

TELL US WHY YOU ARE INTERESTED IN THIS POSITION? (attach separate sheet if necessary) _____

INTERVIEWERS COMPLETE THIS SECTION:

INTERVIEWED BY _____

DATE _____

STATUS (CHECK ONE):

- _____ Temporarily unavailable
- _____ No longer interested in position
- _____ Restricted location
- _____ See interview memo attached
- _____ Recommend job offer Yes___ No___

Start Date _____ Time _____

INTERVIEWED BY _____

DATE _____

STATUS (CHECK ONE):

- _____ Temporarily unavailable
- _____ No longer interested in position
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- _____ Recommend job offer Yes___ No___

Start Date _____ Time _____

OCPL #203-08 rev.

An Equal Opportunity/Affirmative Action Employer

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