

KIRKLAND TOWN LIBRARY

55 1/2 COLLEGE ST., NEW YORK 13323
APPLICATION FOR EMPLOYMENT

Position Desired _____ Date _____

Name _____

Address _____

Phone _____ Email _____ Date of Birth _____

What are your special qualifications for this Kirkland Town Library position:

How soon would you be available for work? _____

Specify any days or hours would not be able to work. _____

Do you have any physical condition that may limit your ability to perform the job for which you are applying?

Please describe:

RECORD OF EDUCATION

School	Name and Address	Course of Study	Date of Degree or Diploma
High School			
College			
Other (please specify)			

RECORD OF EMPLOYMENT

Please list the three most recent or relevant positions held.

Name, Address, Phone & type of business	Dates of Employment	Describe the work you did	Reason for Leaving	Name of Supervisor

May we contact the employers above? _____

If not, indicate by number which one(s) you prefer we not contact _____

I agree that the Kirkland Town Library shall not be held liable if any position is not offered or position terminated due to falsity of any statements or answers in this application.

I have reviewed this application and agree to its statements.

Signature _____

Date _____