

Clyde-Savannah Public Library

204 Glasgow Street Clyde, NY 14433
315.923.7767 315.923.9315 (fax)
clydelibrary@owwl.org

Job Application

DATE: _____

Full name: _____

Current address: _____

Phone number(s): _____

Availability:

	Morning	Afternoon	Evening
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			

How many hours would you ideally like to work per week? _____

When would you be ready to start this position? _____

What work position are you applying for: _____

Why are you interested in a position at the Clyde-Savannah Public Library? _____

Technology skills: Please CIRCLE the technologies you have used

Microsoft Office

OWWL Catalog

Internet search engines

Library software

Email

Kindle/Nook/iPad

Smartphones/Tablets

Computer Troubleshooting

List any other technology skills: _____

Work Experience / Recent Employment:

Position: _____ Employer Name: _____

Dates employed: _____ Employer Phone/Address: _____

Description of job duties: _____

Position: _____ Employer Name: _____

Dates employed: _____ Employer Phone/Address: _____

Description of job duties: _____

Education:

School Name: _____

Graduating year _____ Major/Degree: _____

School Name: _____

Graduating year _____ Major/Degree: _____

REFERENCES:

Please included two (2) references with this application. References must include full name, address and phone number.

SIGNATURE:

- ✓ Your signature serves as authorization to check references and any conviction records. You attest to the truth to all application answers.
- ✓ Attach a resume (optional)
- ✓ Job applications will be kept on file for one (1) year.
- ✓ The Clyde-Savannah Public Library is an equal opportunity employer