JOB APPLICATION

Beekman Library 11 Town Center Blvd, Hopewell JCT, New York 12533 845-724-3414

Beekman Library is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Should an applicant need reasonable accommodation in the application process, he or she should contact a company representative.

Please fill out all of the sections below: **Applicant Information Applicant Name:** Address: City, State and Zip Code: **Telephone Number:** Email Address: Date of Application: **Employment Position Position(s) applying for:** Library Clerk (part time) How did you hear about this position? What days are you available for work? What hours or shift are you available for work? On what date can you start working if you are hired? Salary desired: **Personal Information** Are you 18 years of age or older? Yes No Are you a U.S. citizen or approved to work in the United States? Yes No What document can you provide as proof of citizenship or legal status? Do you have any condition which would require job accommodations? Yes Nο

If yes, please state the nature of the crime(s), when and where convicted and disposition of the case:

Yes

No

If yes, please describe accommodations required below.

Have you ever been convicted of a criminal offense (felony or misdemeanor)?

The date of the offense,	denied employment solely on the nature of the offense, in and the surrounding circumst however, be considered.)	ncluding any significai	nt details that affect the
Job Skills/Qualifications Please list below the skills	sand qualifications you posses	s for the position for wh	nich you are applying:
•	mplies with the ADA and cons eligible applicants/employees		
High School Name	Location (City, State)	Year Graduated	Dogroo Farnod
Name	Location (City, State)	real Graduated	Degree Earned
College/University	L		
Name Name	Location (City, State)	Year Graduated	Degree Earned
Vocational School/Specia	nlized Training		
Name	Location (City, State)	Year Graduated	Degree Earned
Military: Are you a member of the A What branch of the military What was your military rar How many years did you s What military skills do you	y did you enlist? nk when discharged?	set for this position?	
Previous Employment Employer Name: Job Title: Supervisor Name: Employer Address: City, State and Zip Code:			

Employer Telephone:
Dates Employed:
Reason for leaving:
Employer Name:
Job Title:
Supervisor Name:
Employer Address:
City, State and Zip Code:
Employer Telephone:
Dates Employed:
Reason for leaving:
Employer Name:
Job Title:
Supervisor Name:
Employer Address:
City, State and Zip Code:
Employer Telephone:
Dates Employed:
Reason for leaving:
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Additional Information: Please list the computer software with which you have a good, working knowledge.
AT-WILL EMPLOYMENT
The relationship between you and the Beekman Library is referred to as "employment at will." The means that your employment can be terminated at any time for any reason, with or without cause, with or without notice, by you or the Beekman Library. No representative of Beekman Library has authority the enter into any agreement contrary to the foregoing "employment at will" relationship. You understant that your employment is "at will," and that you acknowledge that no oral or written statements of the representations regarding your employment can alter your at-will employment status, except for a written statement signed by you and either our Executive Vice-President/Chief Operations Officer or the Company's President.
Applicant Signature: Dated: