

Naples Library

Application for Employment

118 S. Main Street, P.O. Box 157, Naples, N.Y. 14512

Phone: 585-374-2757 Fax: 585-374-6493

Email: napleslibrarydirector@owwl.org

Today's Date:

Name: Street Address: Telephone: _____ Email Address: _____ Are you legally authorized to work in the United States? ____ YES ____NO AVAILABILITY: ()Mon. ()Tues. ()Wed. ()Thurs. ()Fri. ()Sat. Full-time___Part-time___Day___Evening___ **EDUCATION: High School Education:** Did you graduate from high school? ___YES ___NO Do you have a high school equivalency diploma? ___YES ___NO The name of the high school you graduated from is: ______ It is located in (city/state) _____ **College Education:** Name of College/University _____ Location of College/University _____

Degree Received _____

Technology Skills:	
Are you proficient in keyboard typingYESNO	
Are you proficient in programs like Google Suite, Microsoft Office and Can	va? _YES _NO
Other schools or special courses:	
Name of school:	
Location of school:	-
Subject of study:	-
Degree or Certification received:	
Relevant Work Experience/References:	
Employer's Name:	-
Employer's Address:	-
Employer's Telephone Number:	
Job Title:	
Date you began employment:	
Date you left employment:	
Manner in which employment was terminated:	
I was discharged. I was laid off because of lack	of work.
I resignedI retired.	
Name of supervisor:	
Describe your job duties:	

Employer's Name	
Employer's Address	
Employer's Telephone Number	
Job Title	
Date you began employment	
Date you left employment	
Manner in which employment was termin	nated:
I was discharged.	_I was laid off because of lack of work.
I resigned.	I retired.
Name of supervisor	
Describe your job duties	
If you have additional relevant work exper	rience, please indicate below.:

This policy may be amended by the Naples Library Board of Trustees at any time.

Adopted by the Naples Library Board of Trustees on April 21, 2015. Revised on March 22, 2016, February 26, 2020.