

**OLD BRIDGE PUBLIC LIBRARY
ONE OLD BRIDGE PLAZA
OLD BRIDGE, NEW JERSEY 08857
(732) 721-5600**

Employment Application

Date of Application: _____

Position Sought: _____

Full-time _____ Part-time _____

PERSONAL INFORMATION

(Please print)

Last Name First Name Middle Initial

Address _____

City: _____ State & Zip: _____

Telephone Daytime: _____ Evening: _____

HEALTH

Do you have any physical disability affecting speech, sight or mobility? _____

If yes, please explain: _____

Are you able to lift and carry loads weighing more than twenty-five (25) pounds? _____

What is the present condition of your health? _____

EDUCATION

Highest Grade Completed _____

Last School Attended _____

Degree(s) Earned & Graduation Date _____

Other Education or Training _____

Have you ever worked in a public service or retail position? _____

If so, where and when? _____

VOLUNTEER WORK

Please list any volunteer activities you are (or have been) involved in: _____

SKILLS

Do you have any computer experience? _____ If so, what kinds of computer software have you used? _____

What other equipment or office machines can you operate? _____

Describe any skills or expertise you have which might be useful in the library setting: _____

Do you speak or read any language in addition to English? _____

COMPLIANCE WITH MUNICIPAL REGULATION 002-2004

I certify I am not related to any Township-elected officeholder, Department Head, Township Clerk, Chief Financial Officer, Tax Collector or Treasurer. These relations are defined as brother, sister, husband, wife, life partner, son, daughter, ward, son-in-law, daughter-in-law, father, mother, father-in-law, mother-in-law, grandmother or grandfather.

Signature & Date

Have you ever been convicted of a crime? No _____ Yes _____

If yes, please explain: _____

[] Please check here if you are related to a Library Board Trustee, an Old Bridge Library Employee, or an employee of Old Bridge Township.

APPLICANT'S CERTIFICATION

I certify that the information I have supplied on this application is accurate and complete. The Old Bridge Public Library is authorized to contact all my previous employers to verify the accuracy of information provided here, my character, habits, and skills or to seek any other information about me that will lead to an understanding of my qualifications and suitability for this position.

Signature & Date

RECORD OF EMPLOYMENT

Please list all jobs and positions you have held. Please include an explanation for any time you spent unemployed even for short periods of time. All present and former employers will be contacted unless you specify that they should not be. Any material inaccuracies on this form may be considered sufficient cause to disqualify your application.

LIST MOST CURRENT POSITION FIRST

Organization of Company	Name of Supervisor	Dates of Employment	Position Held	Nature of Work	Salary	Reason for Leaving

OFFICE USE ONLY

Name & Position of Reference	Remarks	Date

Other pertinent notes:

OLD BRIDGE PUBLIC LIBRARY

AUTHORIZATION & WAIVER

Date: _____

I, _____, do hereby grant permission to the Old Bridge Public Library and to the Township of Old Bridge to conduct a background check on me, including but not limited to, a criminal record search for any criminal record. I understand that any information obtained as a result of this background check shall be considered as part of my application for employment with the Old Bridge Public Library. I further agree to execute any consent forms which may be required in order to conduct a criminal record search.

SIGNATURE

BIRTH DATE

CURRENT ADDRESS

SOCIAL SECURITY NUMBER

How many years at this address? _____

POSITION APPLYING FOR

FORMER ADDRESS

DRIVER'S LICENSE #

It is the policy of the Old Bridge Public Library to require and perform criminal background checks on all potential employees of the Library. Failure or refusal to complete and sign this "Authorization & Waiver Form" will result in the applicant's ineligibility for Library employment.

FOR APPLICANTS UNDER THE AGE OF 18:

Date: _____

I, _____, am the parent/guardian of

_____ and I grant permission to do the above background check including police juvenile records check.

PARENT'S GUARDIAN'S SIGNATURE

SCHOOL STUDENT CURRENTLY ATTENDS