

**LIBERTY PUBLIC LIBRARY
TEEN LIBRARY PAGE APPLICATION**

Thank you for your interest in becoming a Library Page at the Liberty Public Library. Please be advised that the information provided in this application will remain confidential. All information, including list of references and copies of working papers must be complete and submitted **no later than Weds. April 8th at 4:30 pm** in order to be considered for employment.

Applications can be submitted in the following ways:

1. Dropped off or mailed to: Liberty Public Library, 189 North Main Street, Liberty, NY 12754
2. Scanned and emailed to lib@rcls.org
3. Faxed to (845)292-5609

PERSONAL INFORMATION:

Name: _____

Home Phone: _____ **Cell Phone:** _____

Mailing address: _____

City: _____ **State:** _____ **Zip:** _____

Birthdate: _____

E-mail address: _____

Are you able to work Saturdays and afterschool until 6:30 pm on Thurs. evenings Yes No

Some tasks require heavy lifting and other jobs of a more heavily physical nature. Do you have any physical limitations, which may affect your work?

Yes

No

If yes, please explain: _____

SKILLS:

Please list your interests, skills and hobbies: _____

Tell us about yourself and what interests you about working at the Library? _____

Please list any Sports or Clubs that you are in _____

Do you speak a language other than English? ___ Yes ___ No

If so, what language? _____

Which of the following tasks would you be most interested? (check all that apply).

- | | |
|---|--|
| <input type="checkbox"/> assisting others with computers | <input type="checkbox"/> working with children |
| <input type="checkbox"/> shelving/straightening books | <input type="checkbox"/> preparing crafts |
| <input type="checkbox"/> clean up outdoors | <input type="checkbox"/> outdoor weeding/gardening |
| <input type="checkbox"/> general dusting/cleaning indoors | <input type="checkbox"/> creating signs & flyers |

List all schools you have attended:

School Name	Location	Dates attended	Grade Completed

Employment or Volunteer History:

Place	Title/Duties	Dates Worked	Contact Name/phone

What is the earliest date that you could start work? _____

In case of emergency, who should be contacted?

Name: _____ Relationship to you _____

Home phone: _____ Cell phone: _____

Email _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Signature: _____ Date: _____

Parent's Signature: (if under 18) _____ Date: _____

REFERENCES

Please list the names and contact information for 3 individuals (not family members) who can provide us with more information about your skills and character traits (teacher, counselor, coach, employer, etc)

Reference 1

Name: _____

Relationship to the applicant _____

Home phone: _____ Cell phone _____

Email _____

Mailing address: _____

Reference 2

Name: _____

Relationship to the applicant _____

Home phone: _____ Cell phone _____

Email _____

Mailing address: _____

Reference 3

Name: _____

Relationship to the applicant _____

Home phone: _____ Cell phone _____

Email _____

Mailing address: _____
