

Employment Application

Radnor Memorial Library is an Equal Opportunity Employer

Applicant Information			
Last:	First:	MI:	
Application Date:		Date of Birth <small>(if under 18 only):</small>	
Street Address:			Apt:
City:	State:	Zip:	
Phone:	Email:		
Position Applying For:	<input type="checkbox"/> Circulation/Youth Services	<input type="checkbox"/> Technical Services	<input type="checkbox"/> Reference
Are you legally eligible to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you previously been employed by RML? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, when:	

Education	
What is your highest level of education: <input type="checkbox"/> High School <input type="checkbox"/> College <input type="checkbox"/> Graduate <input type="checkbox"/> Other:	
High School:	City/State:
Did you graduate: <input type="checkbox"/> Yes <input type="checkbox"/> No	Degree:
College:	City/State:
Did you graduate: <input type="checkbox"/> Yes <input type="checkbox"/> No	Degree:
Graduate School:	City/State:
Did you graduate: <input type="checkbox"/> Yes <input type="checkbox"/> No	Degree:
Other:	City/State:
Did you graduate: <input type="checkbox"/> Yes <input type="checkbox"/> No	Degree:

References <small>(Please list 3 professional references)</small>	
Full Name:	Relationship:
Company:	Phone:
Email:	
Full Name:	Relationship:
Company:	Phone:
Email:	
Full Name:	Relationship:
Company:	Phone:
Email:	

Employment History	
Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Company:	Phone:
City/State:	Supervisor:
Job Title:	Dates of Employment:
Reason for Leaving:	
May we contact your supervisor for a reference: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Company:	Phone:
City/State:	Supervisor:
Job Title:	Dates of Employment:
Reason for Leaving:	
May we contact your supervisor for a reference: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Company:	Phone:
City/State:	Supervisor:
Job Title:	Dates of Employment:
Reason for Leaving:	
May we contact your supervisor for a reference: <input type="checkbox"/> Yes <input type="checkbox"/> No	

Availability						
Monday <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening	Tuesday <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening	Wednesday <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening	Thursday <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening	Friday <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening	Saturday <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon	Sunday <input type="checkbox"/> Afternoon

Disclaimer and Signature	
I certify that all statements herein are made truthfully and without evasion. I further agree that such statements may be investigated and if found to be false will be sufficient reason for dismissal. I do further agree, if employed, to abide by the rules and policies of the Radnor Memorial Library.	
Applicant's Signature:	Date: