APALACHIN LIBRARY EMPLOYMENT APPLICATION FORM

PERSONAL INFORMATION

FIRST NAME: _____ LAST NAME: _____

STREET ADDRESS: _____

CITY: _____STATE: _____

PHONE NUMBER: _____ EMAIL: _____

EDUCATION AND TRAINING

AREA OF STUDY	INSTITUTION	LEVEL COMPLETED

EMPLOYMENT HISTORY

(PLEASE FILL OUT THIS SECTION OR ATTACH A RESUME)

EMPLOYER: _____ DATES OF EMPLOYMENT: _____

TITLE: _____ PHONE NUMBER: _____

REASON FOR LEAVING: _____

EMPLOYER: _____ DATES OF EMPLOYMENT: _____

TITLE: _____ PHONE NUMBER: _____

REASON FOR LEAVING: _____

EMPLOYER: _____ DATES OF EMPLOYMENT: _____

TITLE: _____ PHONE NUMBER: _____

REASON FOR LEAVING: _____

ARE YOU LEGALLY AUTHORIZED TO WORK IN THE UNITED STATES? _____ YES _____ NO

DO YOU HAVE ANY EXPERIENCE WORKING IN LIBRARIES? IF YES, PLEASE EXPLAIN:

_____

_____

_____

AVAILABILITY

	MONDAY	TUESDAY	THURSDAY	FRIDAY	SATURDAY
FROM					
TO					

DATE AVAILABLE FOR WORK: _____

REFERENCES

(PREFERABLY WORK-RELATED)

NAME	TITLE	PHONE NUMBER

ACKNOWLEDGEMENT

I certify that the facts set forth in this Employment Application Form (and any attached documents) are true and complete to the best of my knowledge. I understand that if I am employed, false statements, omissions, or misrepresentations may result in my dismissal. I authorize the Apalachin Library Association to make an investigation of any of the facts set forth in this application (and any attached documents) and release the Apalachin Library Association from any liability. The Apalachin Library Association may contact any listed references on this application. I acknowledge and understand that the Apalachin Library Association is an "at will" employer. Therefore, any employee may resign at any time, just as the Apalachin Library Association may terminate the employment relationship with any employee at any time, with or without cause, with or without notice to the other party.

_____ _____

SIGNATURE OF APPLICANT DATE

Background Check Policy

Adopted by the Board November 21, 2023

The Apalachin Library is committed to providing a safe and secure environment for patrons and employees as well as safeguarding its resources and assets. As such, a background check is a mandatory part of the employment application process, and all offers of employment are contingent upon satisfactory results.

Background checks will include:

- National Sex Offender Registry
- New York State Sex Offender Registry
- Reference check
- Previous employment verification
- Social media/publications check

Procedure

- Applicants must complete and sign a Background Check Authorization Form acknowledging consent to a background check. Refusal to consent will disqualify the applicant from employment at the Library.

- The Library Director and/or Board of Trustees will administer a background check on final candidates.

    - If results indicate the candidate has an offense on record, the Library Director and/or Board of Trustees will determine if the offense disqualifies the candidate from employment at the Library.

    - If results indicate convictions of violence, sex abuse, or crimes against children, the candidate will be automatically disqualified from employment at the Library.

- If unsatisfactory information is discovered in the background check, the candidate will be informed via email and provided an opportunity to respond within five (5) business days. Upon review of the candidate's response, the Library's final decision regarding eligibility of employment will be sent via email to the applicant within ten (10) business days.

- If satisfactory information is discovered in the background check and the candidate is hired by the Library, a copy of the background check results will be kept in the personnel files secured in the Library Director's office and will be stored according to the *Retention and Disposition Schedule for New York Local Government Records (LGS-1).*

Background Check Authorization Form

I, _____, hereby authorize the Apalachin Library Association to investigate my background by consulting the list below for the purpose of confirming the information contained on my application and/or obtaining other information that may be material to my qualifications for employment:

- National Sex Offender Registry
- New York State Sex Offender Registry
- Reference check
- Previous employment verification
- Social media/publications check

I also understand that any false answers or misrepresentation by omission made by me on this application or any related document will be sufficient for rejection of my application.

_____ _____

Signature Date