

**HALF HOLLOW HILLS COMMUNITY LIBRARY**55 Vanderbilt Parkway  
Dix Hills, NY 11746510 Sweet Hollow Road  
Melville, NY 11747

# PAGE APPLICATION FOR EMPLOYMENT

(please print in ink or type)

The Library hires on a continual basis as the need arises. All applications will be kept on file for 6 months.

Date \_\_\_\_\_

If you are under 18 years of age, you must provide working papers. The Student General Employment Certificate, issued through the High School Guidance Office, is required of applicants 15 to 17 years old. The original must be on file on the first day of work in the Library.

Are you available to work during Library hours?

Monday – Friday 9 a.m. – 9 p.m. ☐ Yes ☐ NoSaturday 9 a.m. – 5 p.m. ☐ Yes ☐ NoSunday 12 noon – 5 p.m. ☐ Yes ☐ NoPlease check one: ☐ Melville ☐ Dix Hills ☐ Both Locations**Personal Data**

Name \_\_\_\_\_

Home Address \_\_\_\_\_

Street

Town

Zip Code

Telephone number \_\_\_\_\_

Home

Cell

**Education**

School Name & Address	Circle Last Year Completed	Did You Graduate?	List Diploma or Degrees
High School	1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
College	1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Graduate work	1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	

**Previous Work Experience**DatesEmployerAddressTelephone

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Are you proficient with computers or computer programs? Please explain.

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**References** (Business, High School Teacher or Guidance Counselor)NameCompanyTelephone

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Pages are employed for various periods of time throughout the week, including evenings and weekends.

**Declaration:** I declare, subject to the penalties of perjury, that the statements made in this application (including any accompanying papers) have been examined by me & to the best of my knowledge and belief are true & correct. I further request & authorize any former/present employer, military records center, police, parole and probation agencies and former school to provide to the Half Hollow Hills Community Library any and all information including, but not limited to, information as to my character, habits, work ability and/or education. In consideration of compliance with this request, I hereby release & discharge said institutions from any claims, liabilities or damages.

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Signature

Date