



Carnegie Library of Pittsburgh

CLP-Human Resources
4400 Forbes Ave.
Pittsburgh, PA 15213

P 412-622-1871
F 412-622-1017
careers@carnegielibrary.org
www.carnegielibrary.org

Application For Employment

Carnegie Library of Pittsburgh (CLP) provides equal employment opportunities to all employees and applicants for employment without regard to race, color, religion, ancestry, national origin, age, gender, sexual orientation, disability status, marital status, or veteran status in accordance with applicable federal, state, and local laws.

PERSONAL

Form fields for personal information: Last Name, First Name, Middle Initial, Social Security Number, Daytime Telephone Number, Evening Telephone Number, Street Address, City, State, Zip Code, Email Address, Date Available, Alternate Phone, Desired Salary.

Are you a Citizen of the U.S.? [] Yes [] No If No, are you authorized to work in the U.S.? [] Yes [] No
Are you at least 18 years of age? [] Yes [] No If No, list current age: _____

How did you hear about us? _____

Position Applied for: _____

[] Full-Time [] Part-Time [] Occasional [] Summer Only

Please put an "A" in the box of the location for which you are applying. Please put an "X" in the boxes for locations for which you would consider working.

Location selection grid with checkboxes for Main Library-Oakland, Library For The Blind and Physically Handicapped, Allegheny/Northside, Beechview, Brookline, Carrick, Downtown and Business, East Liberty, Hazelwood, Hill District, Homewood, Knoxville, Lawrenceville, Mt. Washington, Sheraden, South Side, Squirrel Hill, West End, Woods Run.

POSITION/LOCATION

Last

First

MI

Today's Date: _____

EMPLOYMENT

Check which of the following you would be willing and able to work: Check all that apply.

- Full-Time Days Weekends
 Part-Time Evenings Occasional (as needed)

State the days and hours that you are **NOT** available for work. Please be specific.

Salary Requirements:

Were you ever previously employed by Carnegie Library of Pittsburgh?

- Yes No

If yes, describe:

Dates:

Department/Branch:

Reason for Leaving:

Are you related to a current/former employee? Yes No

_____ If yes, please indicate name

EDUCATION

School	Name & Location	Did You Graduate?	Course of Study	Degree Or Diploma
High School				
College				
Graduate				
Other				
Certifications and/or Professional License				
GED Dates and Location				

COMPUTER SKILLS

Please indicate your skill level with each of the following software packages by checking the appropriate boxes.

Software Package	Version(s)	No Knowledge	Some Knowledge	Advanced Knowledge
Microsoft Word				
Excel				
Outlook				
Powerpoint				
Access				
Internet				
Other: _____				

OTHER

List any membership or volunteer opportunities:

EMPLOYMENT HISTORY

In addition to submitting a resume, provide detailed information below regarding your employment, listing your present/most recent employer first. If needed, please continue on a separate sheet of paper.

Company Name: <input type="checkbox"/> You may contact current employer	Salary: Start: _____ End: _____
Address:	Employment Dates: From _____ to _____
Supervisor Name:	Telephone #:
Job Title/Responsibilities:	Reason for Leaving:

Company Name:	Salary: Start: _____ End: _____
Address:	Employment Dates: From _____ to _____
Supervisor Name:	Telephone #:
Job Title/Responsibilities:	Reason for Leaving:

Company Name:	Salary: Start: _____ End: _____
Address:	Employment Dates: From _____ to _____
Supervisor Name:	Telephone #:
Job Title/Responsibilities:	Reason for Leaving:

Company Name:	Salary: Start: _____ End: _____
Address:	Employment Dates: From _____ to _____
Supervisor Name:	Telephone #:
Job Title/Responsibilities:	Reason for Leaving:

Have you ever served in the U.S. Armed Forces? Yes No

If yes, which branch? _____

If yes, discharge date: _____

Have you ever pled guilty to, been convicted of, accepted ARD or similar programs or pleaded nolo contendere (no contest) to any crime other than a summary offense? ___ Yes ___ No

If yes, please describe in full: _____

A criminal record will not automatically disqualify you. However, depending on the position and the nature of the offense, it may be taken into consideration.

REFERENCES

Provide three PROFESSIONAL references along with day time telephone numbers where they can be reached.

Name:	Telephone #:
Address:	
Position:	Affiliation (How Known):
Name:	Telephone #:
Address:	
Position:	Affiliation (How Known):
Name:	Telephone #:
Address:	
Position:	Affiliation (How Known):

ACKNOWLEDGEMENT

Please read the following statements carefully before signing this application.

I hereby certify that I fully understand all requests for information contained in this application, and I certify that the information supplied by me, on this form and elsewhere in conjunction with obtaining employment, is complete and accurate to the best of my knowledge. I hereby grant Carnegie Library of Pittsburgh, it's representatives and agents, permission to verify such statements and information, and to investigate my background and all references including a criminal history check with local, state and federal agencies, if applicable. I understand that any false or misleading statements, omission, or misrepresentation on this application will be considered sufficient cause for rejection of this application or for dismissal, if such information or omission is discovered subsequent to my employment.

I authorize the employers, schools, or persons named above to provide information regarding my previous employment, character, general reputation and other personal characteristics, whether or not it is in their records. I hereby release Carnegie Library of Pittsburgh, it's representatives and agents, employers, schools, or persons from all liability for any damage resulting from issuing the information.

I understand and agree that the acceptance of this application does not constitute a promise that I will be hired. I further understand it does not guarantee employment for any specific length of time and therefore, agree that if I am hired, my employment may be terminated, at any time, by either me or Carnegie Library of Pittsburgh without cause or notice.

In consideration of my employment, I agree to submit to pre-placement screening and periodic physical examinations and evaluations from time to time as Carnegie Library of Pittsburgh deems necessary to determine my fitness to perform the work for which I was hired. I understand that, as a condition of employment, I may be required to submit to testing for the illegal use of drugs. If the testing reveals evidence of the illegal use of drugs, any offer(s) of employment extended to me will be unconditionally revoked regardless of whether I have or have not begun employment.

I agree to abide by the rules and regulations if I am employed by Carnegie Library of Pittsburgh. I understand that all records pertaining to my employment are to remain the property of Carnegie Library of Pittsburgh. In addition, I understand the location and nature of my work assignment, my work shift and other working conditions may be changed as necessary.

This application is active for one year. After one year, I must reapply to be considered for available positions.

Signature: _____ Date: _____