



Jean Barnett Trone Memorial Library of East Berlin  
105 Locust Street, PO Box 1014  
East Berlin, PA 17316  
717-259-9000  
Email: eplib@adamslibrary.org

## EMPLOYMENT APPLICATION

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone (day): \_\_\_\_\_ (evening): \_\_\_\_\_

Referred by: \_\_\_\_\_ SS# \_\_\_\_\_

Are you legally authorized to work in this country? \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you previously been employed with the East Berlin Community Library or the  
Adams County Library System? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, give dates of employment and position \_\_\_\_\_

Position Applied For \_\_\_\_\_ Salary expected \_\_\_\_\_

Do you have relatives working for the Adams County Library System? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, list them please \_\_\_\_\_

## EDUCATION

High School \_\_\_\_\_ Year graduated \_\_\_\_\_

College \_\_\_\_\_ Year graduated \_\_\_\_\_

Major \_\_\_\_\_ Minor \_\_\_\_\_ Degree \_\_\_\_\_

Graduate School \_\_\_\_\_ Degree \_\_\_\_\_

## PERSONAL REFERENCES (other than relatives)

Name \_\_\_\_\_ Phone \_\_\_\_\_ Years known \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Years known \_\_\_\_\_

Address \_\_\_\_\_

**EMPLOYMENT HISTORY**  
(List last position first)

Company \_\_\_\_\_ Employed from \_\_\_\_\_ to \_\_\_\_\_

Address \_\_\_\_\_

Name and Title of your immediate supervisor \_\_\_\_\_

May we contact? \_\_\_\_\_ Yes \_\_\_\_\_ No

Your duties and responsibilities \_\_\_\_\_

Rate of pay \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Company \_\_\_\_\_ Employed from \_\_\_\_\_ to \_\_\_\_\_

Address \_\_\_\_\_

Name and Title of your immediate supervisor \_\_\_\_\_

May we contact? \_\_\_\_\_ Yes \_\_\_\_\_ No

Your duties and responsibilities \_\_\_\_\_

Rate of pay \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Company \_\_\_\_\_ Employed from \_\_\_\_\_ to \_\_\_\_\_

Address \_\_\_\_\_

Name and Title of your immediate supervisor \_\_\_\_\_

May we contact? \_\_\_\_\_ Yes \_\_\_\_\_ No

Your duties and responsibilities \_\_\_\_\_

Rate of pay \_\_\_\_\_

Reason for leaving \_\_\_\_\_

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**MILITARY SERVICE**

Branch of Service \_\_\_\_\_ Dates of Service \_\_\_\_\_

Highest Rank Achieved \_\_\_\_\_ Disabled Veteran \_\_\_\_\_ Yes \_\_\_\_\_ No

**ALL APPLICANTS READ THE FOLLOWING  
STATEMENT CAREFULLY AND SIGN BELOW**

I certify that information contained in this application is true and complete. I understand that false information may be grounds for not hiring me or for immediate termination of employment at any point in the future if I am hired. I authorize the verification of any or all information listed above.

I have read, understand and agree to this statement.

Signature \_\_\_\_\_

Date \_\_\_\_\_