



LONG BEACH PUBLIC LIBRARY
101 Pacific Avenue
Long Beach, CA 90822-1097
(562) 570-6457

**NON-CAREER
APPLICATION FOR EMPLOYMENT**

Fill out this application completely and accurately by reading and responding to all items. An incorrect or untrue statement may disqualify or remove you from employment.

1. Print title of job you are applying for: **Library Assistant**

2. Last Name First Name Initial Social Security No.

3. Address City State Zip Code

4. Home Phone No. 5. Work Phone No.

6. Have you ever worked for the City of Long Beach? If yes, position and title:

7. Department 8. Date 9. Name if Different

10. Driver's License No. Class State of Exp. Date

11. **Education:** (Check most appropriate box)

Student (High School, College)

Graduated (High School, College)

12. College or University Attended

Major/Minor

Type of Degree Earned

13. Certificate of professional or vocational competence, licenses, membership in professional associations:

14. List any languages besides English you can speak and understand

15. The Immigration Reform and Control Act of 1986 requires all new employees to submit verification of identity and authorization to work in the United States at time of hire.

Minimum age limit is 18 (16 with either a work permit or a high school diploma or equivalent).

Each applicant selected for employment will be medically examined and fingerprinted at City expense.

If you have a disability which may require special testing arrangements, you must contact Library Administration at (562) 570-6457 prior to your scheduled examination.

AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER

16. **EXPERIENCE:** Begin with your most recent job. List separately each position held even with the same employer. Include volunteer work. Resumes WILL NOT be accepted in place of a completed application.

From (month & year)	Title of your present or most recent position	Organization Name
To (month & year)	Duties performed	Number and Street City State
Total time: Yrs. Mo.		Employer's Business
Hours each week		Reason for leaving: <input type="checkbox"/> Still employed
Salary Per		Did you supervise? If yes, how many?
From (month & year)	Title of your present or most recent position	Organization Name
To (month & year)	Duties performed	Number and Street City State
Total time: Yrs. Mo.		Employer's Business
Hours each week		Reason for leaving: <input type="checkbox"/> Still employed
Salary Per		Did you supervise? If yes, how many?
From (month & year)	Title of your present or most recent position	Organization Name
To (month & year)	Duties performed	Number and Street City State
Total time: Yrs. Mo.		Employer's Business
Hours each week		Reason for leaving: <input type="checkbox"/> Still employed
Salary Per		Did you supervise? If yes, how many?
From (month & year)	Title of your present or most recent position	Organization Name
To (month & year)	Duties performed	Number and Street City State
Total time: Yrs. Mo.		Employer's Business
Hours each week		Reason for leaving: <input type="checkbox"/> Still employed
Salary Per		Did you supervise? If yes, how many?

Certificate of applicant: I certify that all statements on this application are true and complete. I understand that any false or incomplete information may subject me to disqualification from employment with the City of Long Beach.

Signature _____ Date _____

SPECIAL SKILLS AND SUBJECT SPECIALIZATION:

Typing WPM: _____ Others (list): _____
 Languages Spoken: _____ Read: _____

REFERENCES: Give names of three responsible persons, NOT relatives or friends, who know you. We prefer former employers, supervisors, or teachers.

Name	Address	City	Zip Code	Phone #	Occupation

Will you accept: Temporary _____ Part Time _____

Are you available to work: Evenings _____ Saturdays? _____ Sundays? _____

Do you possess a valid driver's license? _____ Number: _____

Please sign your name as you wish it to appear on all records:

I FIRST LEARNED OF THIS JOB OPENING THROUGH: (Check only one)

- _____ A friend or relative
- _____ The City of Long Beach Civil Service Department
- _____ A Neighborhood Facility Center bulletin board _____
 (please specify Center)
- _____ Personal contact with a library employee
- _____ An organization or group _____
 (please specify)
- _____ An advertisement in a newspaper or magazine _____
 (please specify)
- _____ Other means: _____
 (please specify)

LIBRARY ASSISTANT – NON-CAREER

SUPPLEMENTAL APPLICATION

Name _____

INSTRUCTIONS: The purpose of this supplemental application is to derive more specific information about the qualifications of applicants for this position with the City of Long Beach. This form will serve as the basis for qualifying candidates. Please print or type your responses on a separate sheet.

Both the application and supplemental application must be completed. (Resumes will be accepted, but may NOT be submitted in lieu of the completed supplemental application.)

Be sure to focus on specific jobs and duties that demonstrate your qualifications for the Library Assistant position.

1. Describe your experience working in a library or educational setting.
2. Describe your experience working with and providing programs to children, teens and adults.
3. Describe your experience working with customers, especially in diverse communities.

CITY OF LONG BEACH – JOB APPLICANTS

In compliance with the Immigration Reform and Control Act of 1986, the City of Long Beach requires ALL newly hired employees to show proof of their legal right to work in the United States. At the time of hire, new employees must present original documentation (photocopies are not accepted) to establish both work authorization and identify. Documentation must be either:

A. A single document which establishes both employment authorization to work and the identity of the individual. Examples are:

- U. S. passport
- Certificate of U. S. citizenship
- Unexpired foreign passport with work authorization stamp
- Alien registration card

OR

A. One document evidencing authorization to work. Examples are:

- Social Security card (other than one that specifies that employment is unauthorized)
- U. S. birth certificate (original or certified copy)
- Unexpired re-entry permit
- Unexpired Refugee Travel document
- Certificate of Birth issued by State Department

AND

B. One document establishing identity. Examples are:

- Driver's license with photograph
- Other state-issued identification document found acceptable to the Attorney General.

New employees must also complete and sign an "Employment Eligibility Verification" form (I-9) attesting to their legal right to work and the genuineness of the documents presented. All job offers made by the City are contingent upon establishing proof of an individual's right to work in the United States.

AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER

VOLUNTARY SELF-IDENTIFICATION

**CITY OF LONG BEACH
HUMAN RESOURCES AND AFFIRMATIVE ACTION DEPARTMENT**

The information requested is voluntary and will only be used to determine compliance with federal law. It will not affect consideration of your resume, which will be separated from this form and processed separately. Your voluntary cooperation will be appreciated.

NAME: _____ DATE _____
(Please print)

POSITION APPLIED FOR: _____ DEPARTMENT: _____
(Please print) (Please print)

AGE: 40 or older Other

HANDICAP: Yes No

If "yes", explain _____

SEX: Female Male

ETHNIC CATEGORY:

White Black Hispanic Asian or American Indian or Pacific Islander Alaskan Native

"WHITE": Includes all non-Hispanic or non-Black persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.

"BLACK": includes all non-Hispanic persons having origins in any of the Black racial groups of Africa.

"HISPANIC": includes all persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin regardless of race.

"ASIAN OR PACIFIC ISLANDERS": includes all persons having origins in any of the original peoples of the Far East, Southeast Asian, the Pacific Islands, or the Indian subcontinent. This area includes China, Japan, Korea, Samoa, and the Philippine Islands.

"AMERICAN INDICAN OR ALASKAN NATIVE": includes all persons having origins in any of the original peoples of North America and who maintain cultural identification through tribal affiliation or community recognition.