



Somerset County Library System of NJ
Application for Employment

SCLSNJ - Administration
Human Resources
1 Vogt Drive
Bridgewater
New Jersey 08807

The Somerset County Library System of New Jersey (SCLSNJ) accepts applications for currently posted openings only. Each application must be submitted as instructed on the job posting and must be received by the deadline listed on the posting. All job postings can be found at <https://sclsnj.org/about/work-at-sclsnj/>.

Applications must be typed or printed legibly in ink and must include detailed information regarding education, work experience, and other requested information. Each application must be signed and dated by the applicant, attesting to the truth of statements contained on the form. Applications must be submitted in the original format. Unsigned or modified applications will be disqualified, and incomplete applications may be rejected. A resume will not be accepted in lieu of a completed application. To apply for more than one position, the applicant must submit a separate application for each position.

The Somerset County Library System of New Jersey is an equal opportunity employer. SCLSNJ complies with Federal and State legislation and SCLSNJ policies prohibiting employment discrimination on the basis of race, sex, gender, gender identity, religion, creed, color, national origin, citizenship status, ancestry, age, marital status, veterans' status, sexual orientation, domestic partnership, civil union partnership, disability, genetic data, criminal history, and any other legally protected status.

PLEASE PRINT CLEARLY

APPLICATION MUST BE COMPLETED IN FULL

Applicants requiring reasonable accommodations to the application and/or interview process should notify a representative of the Human Resources Department. SCLSNJ is an Equal Opportunity Employer.

Position Applying For: _____

Date of Application: _____

Job ID#: _____

Name (Last, First) _____ Email address _____

Address _____
Street City State Zip Code

Telephone # () _____ Alternate Telephone # () _____

Are you a former employee of the Somerset County Library System of NJ?

YES NO
☐ ☐

If "Yes" – Branch _____ When? _____ Position Held _____

Do you have any relatives currently employed by or volunteering with SCLSNJ, including advisory boards and Friends' groups?

☐ Yes ☐ No

If "Yes": Branch _____ Name & Relationship of the relative: _____

How did you hear of this opening?

SCLSNJ Website: ☐

SCLSNJ social media: ☐

Job Board: ☐

Referral Employee: _____ Other: _____

Please check all library branch locations at which you are willing to work in order of preference:

	1st	2nd	3rd	4th	5th	6th	7th	8th	9th	10th
Bound Brook	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bridgewater	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hillsborough	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Manville	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Montgomery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
North Plainfield	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Peapack-Gladstone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Somerville	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Watchung	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Warren	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All branches	<input type="checkbox"/>									

Type of employment desired:

☐ Full-Time ☐ Part-Time

	Sun	Mon	Tue	Wed	Thu	Fri	Sat
Morning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Mon - Thu: 10 am to 8 pm
 Fri - Sat: 10 am to 6 pm
 Sun (if open): 1 pm to 5 pm

Please add any comments about your availability and your schedule preferences:

Are you currently employed by any other Somerset County Division? ☐ Yes ☐ No

If yes, ☐ Full-time ☐ Part-time Which Division: _____

Are you legally eligible for employment in the United States? ☐ Yes ☐ No

Are you under 18 years of age? (If "Yes" you will be required to submit working papers if offered employment.) ☐ Yes ☐ No

Are you able to meet the attendance requirements of the position year round as advertised in the job posting? ☐ Yes ☐ No

Date available to start work _____

Educational Background

	<i>Name & Address</i>	<i>Major</i>	<i>Graduated (Y/N)</i>	<i>Diploma or Degree Earned</i>
High School				
College Undergraduate				
College Undergraduate				
College Graduate				
Other (Specify)				

References

List three business/work references that we may contact for information concerning your qualifications. At least one reference should be a current or former supervisor. (School or volunteer references may be acceptable when there is no recent employment history.) *Do not include personal references.*

<i>Name</i>	<i>Address</i>	<i>Phone #</i>	<i>How do you know this person and for how long?</i>

Additional Information

List professional, trade, business, or community organizations and any offices held.

<i>Organization</i>	<i>Office(s) Held</i>

Employment

List your employment history for the past 10 years. Start with present or last position and work back. **Please complete in full even if you have attached a resume.**

<i>Name, Address & Phone Number of Employer</i>	<i>From MM/YY</i>	<i>To MM/YY</i>	<i>Position(s) Held</i>	<i>Supervisor</i>	<i>Reason for Leaving</i>

Skills

- ☐ Google Docs /Drive / Gmail ☐ MS Office (PPT, Word, Excel etc.) ☐ Data Entry
- ☐ Publishing software (Publisher, Adobe, etc.) ☐ Integrated Library System (If yes, please specify _____)
- ☐ Other software skills: _____
- Level &
Languages known: _____ Fluency: _____

Special accomplishments, awards, volunteer activities.

Other information you would like us to consider.

Conditions

I understand that if I am offered and accept employment, I may be legally required to become a member of the NJ Public Employee Retirement System or the Defined Contribution Retirement Program.

By my signature below, I certify that all of the statements contained in this application and/or on my resume and in the information and documents I provided or will provide in support of my application for employment (both orally and in writing), are accurate and true. I understand that if any statement or information is found to be false, it may be grounds for rejection of my application, withdrawal of an offer of employment or termination of employment.

I understand that the completion of this application does not indicate that there are any vacant positions and in no way obligates the Somerset County Library System of New Jersey to hire me.

I understand and agree that any employment that might be offered as a result of this application is for no definite period of time and may be terminated, with or without cause and with or without prior notice, at any time (except as may be limited by a collective bargaining agreement).

I understand that neither the hours of work that may be assigned to me at any time, nor any other act or circumstance, shall constitute a guarantee of employment as to daily hours, weekly hours, straight time or overtime hours.

By my signature below, I authorize the Somerset County Library System of New Jersey to contact and obtain information from all references, current and former employers and/or educational institutions, and otherwise to verify the accuracy of the information contained in this application, on my resume, in any other documents I presented and in my oral statements during the interview process. I hereby release from liability the Somerset County Library System of New Jersey and its employees and representatives for seeking, gathering and using such information and release from liability all other persons, business entities and organizations for providing such information.

I understand that if offered a position with the Somerset County Library System of New Jersey, the offer may be conditional on me submitting to a background check. I understand that unsatisfactory results from, refusal to cooperate with, or any attempt to affect the results of, a background check will result in a failure of the condition and withdrawal of any employment offer or termination of employment if already employed.

By my signature below, I acknowledge and agree that any offer of employment will be made contingent upon confirmation of my references and licensure, if applicable. I also understand that if I am hired I will be required to provide proof of identity and legal work authorization.

Signature of Applicant: _____

Date: _____

