CITY OF HAYWARD

Human Resources Department
777 "B" Street
Hayward, CA 94541-5007
Phone: (510) 583-4500, Hearing Impaired TDD: (510) 247-3340
Website: http://www.ci.hayward.ca.us

Please Leave Blank
Q ☐
D ☐
O ☐

Job Title
(Title of position you are applying for) 0625-1 - Librarian I/Youth Services (Part-Time)

Applicant's Name (Last) (First) (Middle)

Residence Address (Number) (Street) (Apt.#) (City) (State) (Zip Code)

PLEASE NOTIFY US PROMPTLY OF ANY CHANGE OF ADDRESS

Social Security #

Telephone: Home: Business:

Email Address:

The Immigration Reform and Control Act of 1986 requires that prior to actual employment, you furnish proof of your identity and eligibility for employment in the United States.
Can you submit verification of your legal right to work in the United States?
☐ YES ☐ NO

Since age 18, have you been convicted of a misdemeanor or a felony? Do not include traffic citations. A fingerprint check will be made.
A "yes" answer will not automatically disqualify you.
☐ YES ☐ NO

	Number
As a driver, how many collisions have you been involved in during the past five years?	_____
How many moving citations have you received and been convicted of or forfeited bail for in the past five years?	_____

Will you accept Part-Time Work?	☐ YES	☐ NO
Temporary Work?	☐ YES	☐ NO
Shift Work?	☐ YES	☐ NO

EDUCATION: Check highest grade completed 0 3 6 8 10 11 12 13 14 15 16 17 18

Did you receive a High School diploma?
☐ YES ☐ NO ☐ GED

Name of High School _____ City & State _____

List any college or university courses below. Name and Location of School	Major Subject	Semester Units, Hours	Graduate? If so, when?	List Degree or Certificate Required

NOTE: Please attach copies of documentations verifying attainment of degree or certificates.

List below any trade, correspondence, business or other courses or apprenticeship training you have taken.

Name of School or Organization	Length of course or training **FROM** (Month/Year)	**TO** (Month/Year)	Was Course Completed?	Name of Certificate or Degree

List licenses, professional registration, or certificates (incl. Driver's License)

License	State	Number	Expiration Date

Special Skills

Typing Speed _____
Computers _____
Other _____

Language(s) other than English

		Speak	Read
(A)		☐	☐
(B)		☐	☐
(C)		☐	☐

I certify that all statements made in this application are true and complete, and that any misstatement or omission of material facts may subject me to disqualification or dismissal. Further, in order that the City of Hayward Human Resources Department may be informed fully as to my personal character and qualifications for employment, I refer to each of my former employers and to any other person who may have information concerning me, agreeing, as this information is furnished at my express request and for my benefit, to hold such persons harmless from any and all liability.

SIGNATURE OF APPLICANT _____ DATE: lblCurrentDate

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Experience

List your most recent employment or related volunteer experience first and account for all experience during the last 10 years. Be sure to list each change in title or promotion separately. If you wish to elaborate on your experience, provide supplemental information or submit a resume, you can email this information to employment@ci.hayward.ca.us as an attached document. Only documents in plain text, Rich Text Format or Microsoft Word 2000 format will be accepted. Please include your full name, Social Security number and the recruitment number in all correspondence. Please note that a resume will NOT substitute for the information required in this section. Furthermore, your application will be rejected if you simply write "See Resume."

Current or most recent Employer or Volunteer Organization	Job Title:
Name	Description
Address	
Phone	
Dates and Salary	
From To	
Length yrs mo	
Final monthly salary	
☐ Full-time Average hrs. per week	
☐ Part-time _____	No. of persons you supervised Name of your supervisor
☐ Volunteer _____	Reason for leaving May we contact this employer? ☐ Yes ☐ No

Current or most recent Employer or Volunteer Organization	Job Title:
Name	Description
Address	
Phone	
Dates and Salary	
From To	
Length yrs mo	
Final monthly salary	
☐ Full-time Average hrs. per week	
☐ Part-time _____	No. of persons you supervised Name of your supervisor
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Length yrs mo	
Final monthly salary	
☐ Full-time Average hrs. per week	
☐ Part-time _____	No. of persons you supervised Name of your supervisor
☐ Volunteer _____	Reason for leaving

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Additional Information

Give any additional information you wish covering your qualifications or training related to the job for which you are applying. Include relevant military, volunteer, or work experience not shown above. Attach sheets as needed.

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Supplemental Questionnaire to Employment Application

Applicant:

Position: 0625-1 - Librarian I/Youth Services (Part-Time)

The purpose of this supplemental questionnaire is to obtain information about your background and qualifications for the position of (whatever the position is). It will be used to screen applications for this position. Prepared resumes may not be substituted, although they may be submitted for additional information. This supplemental along with your application will be evaluated to determine the most suitably qualified candidate.

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1. Describe what training and experience you have to prepare you for providing quality reference service for children.

2. Discuss what you see as the most pressing issues in library service today. How would you as a librarian address these issues in the context of service to children?

3. What experience have you had developing and making presentations to groups? Please be specific as to age levels, size of groups, types of programs presented, your role in the presentations, and frequency of presentations.

4. What special skills or areas of knowledge do you possess that you would be interested in applying to the performance of library services beyond reference work and collection development in a Youth Services Department? Tell us about any previous job experience in which these skills were utilized.

5. The Internet has changed library service dramatically, both as a reference tool and as a resource we provide customers. What is your philosophy on the use of this tool in the library setting and how would you maximize its usefulness and reduce its drawbacks in an ideal world of unlimited
funds and space. Address such issues as censorship, filters, sign-up procedures, evaluating sites and information.

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Applicant:

Position: 0625-1 - Librarian I/Youth Services (Part-Time)

Sex Male ☐ Female ☐ Age Forty or Over: Yes ☐ No ☐

Ethnic Background: (Please mark one box only for the group with which you most closely identify)

☐ WHITE - (Not of Hispanic origin) - Persons having origins in any of the original peoples of Europe, North Africa or the Middle East.

☐ AFRICAN AMERICAN/BLACK - (Not of Hispanic origin) - Persons having origins an any of the black racial groups of Africa.

☐ HISPANIC - Persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin regardless of race.

☐ ASIAN OR PACIFIC ISLANDER - Persons not having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes, for example, China, India, Japan, Korea, the Philippine Islands and Samoa.

☐ NATIVE AMERICAN - American Indians or Alaskan natives having origins in any of the original peoples of the North America, and who maintain cultural identification through tribal affiliation or community recognition.

☐ PERSON WITH A DISABILITY: Anyone who (1) has a physical or mental impairment that substantially limits one or more of the life's major activities; (2) has a record of such impairment; or (3) is regarded as having such an impairment. A disability is "substantially limiting" if it is likely to cause difficulty in securing, retaining, or advancing in employment.

If you are a qualified individual with a disability that needs an accommodation to complete the examination process for this position, please call the City of Hayward Human Resources Department at (510) 583-4500 for assistance.

How did you learn about this position?

☐ Newspaper (name) _____

☐ Bulletin Board (where) _____

☐ Other (specify) _____

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