



19 Ross Street, Batavia, NY 14020
585-343-9550 585-344-4651 (fax)

Part Time Library Page

Do you like books, music, and movies, and have a knack for keeping things in order? Have you ever dreamed of working in a library, as either a simple part-time job, or as the first step in a rewarding career? As a Part Time Library Page, you could help us connect Genesee County's readers, self-directed learners, parents, and children to the care and the resources that they seek!

DUTIES: Library Pages sort and shelve incoming library materials like books, music, and movies. They locate shelved materials that have been requested by library patrons, and read the shelves for accuracy and order, re-shelving as they go. They may be given larger projects, like relocating parts of the collection, preparing library displays, or preparing materials for craft projects, as needed by the librarians. Although not primarily a public-facing position, the Library Pages may assist patrons on the floor of the library with simple directional information, and they customarily cover lunch breaks in the Children's Room or at the Circulation Desk.

The work of a Library Page is performed under direct supervision and requires no prior knowledge of library procedures, as employees are trained on the job. A recent informal poll of Richmond library staff determined that nearly 50% had started their library careers somewhere as a Library Page! Common career trajectories are to Library Clerk with a high school diploma; to Library Assistant with a Bachelor's degree; or to Librarian with a Master's degree in Library and Information Science.

Availability: 8-12 hours per week, during regular library hours: Monday-Thursday 9-9, and Friday/Saturday 9-5. Candidates available for regular Saturday shifts strongly preferred.

Wage: NY minimum wage of \$13.20/hr.

To apply: complete and return the attached Library Page Test and Genesee County Civil Service Application to the Richmond Memorial Library, or email them to Library Director Bob Conrad (rconrad@nioga.org)

**Application for Page Position
Richmond Memorial Library
19 Ross Street
Batavia, NY 14020**

Name _____ Today's Date _____

Address _____

Telephone _____ Social Security Number _____

Do you have working papers? Yes _____ No _____

Are you 16 years old or older Yes _____ No _____

Hours you would be available to work: (hours we are open are listed under each day)

MONDAY 9am-9pm	TUESDAY 9am-9pm	WEDNESDAY 9am-6pm	THURSDAY 9am-9pm	FRIDAY 9am-5pm	SATURDAY 9am-5pm

When will you be available to begin work? _____

REFERENCES:

Name 2 adult reference (not relatives) and give their address and telephone number.

1. _____

2. _____

EDUCATION:

Name of your High School _____

Highest grade completed _____

Do you have a High School diploma? Yes _____ No _____

Have you ever had a job before? Yes _____ No _____

If yes, list the name and address of any former employers:

1. Fiction books are arranged on the shelf by _____

2. Non-fiction books are arranged on the shelf by _____

3. Name 3 ways to look up information in the computer catalog _____

4. Where would you look to see which books by George Orwell the library has? _____

Arrange the following titles in alphabetical order:

- 1. Pigtail _____
- 2. 2001 Tales _____
- 3. The Bound Girl _____
- 4. A Bit of Green _____
- 5. Dr. Merryman _____
- 6. Dot for Short _____

Arrange the following authors in alphabetical order:

- 1. Carl W. Anderson _____
- 2. Phyllis McGinley _____
- 3. Bertha Anderson _____
- 4. Ellen MacGregor _____
- 5. Golden MacDonald _____
- 6. Dorothy Aldis _____

Write the word you would look under to find each of the following titles, authors or subjects in the computer catalog. Then number these words to show alphabetical order. The first one has been done for you.

- Marta the Doll Marta 4
- Robert Bright _____
- Birds of the U.S. _____
- Tree in the Trail _____
- Puppet Plays _____
- Radio and TV _____
- Laura Ingalls Wilder _____
- The Middle Moffat _____
- 900 Buckets of Paint _____
- May McNeer _____

Arrange the following call numbers in numerical order:

- 681.44 _____
- 333.75 _____
- 507.2 _____
- 970.11 _____
- 333.157 _____
- 553 _____
- 970.6 _____
- 970.1 _____
- 292.44 _____
- 681.15 _____

HIGH SCHOOL EDUCATION

Do you have a High School Diploma? Yes No _____
 HIGH SCHOOL NAME CITY STATE

Date Graduated: _____

If not, do you have a GED? Yes No _____
 GED # NAME OF ISSUING AUTHORITY

College, University, Professional or Technical School (print name and address of school)	Semester Credits Received	Major Subject or Type of Course	Type of Degree Received	Did you Graduate?	Date Received OR Expect to Receive It?

SPECIAL COURSES TAKEN:

NAME OF COURSE	CREDIT HRS.	NAME OF COURSE	CREDIT HRS.

TRANSCRIPT(S) OR DEGREE(S) (IF REQUIRED AS PART OF MINIMUM QUALIFICATIONS)
 _____ Copy Attached _____ Copy Requested

LICENSES/CERTIFICATES OR OTHER AUTHORIZATIONS TO PRACTICE A SKILL, TRADE, OR PROFESSION:

SKILL, TRADE, OR PROFESSION	LICENSE OR CERTIFICATE NUMBER	ISSUED BY: (Name or City, State, or Agency)	LICENSE DATES (Mo./Day/Yr.)		PERMANENT	
			From	To	Yes	No

DRIVER'S LICENSE INFORMATION:

_____ NONE _____ NEW YORK STATE _____ OUT OF STATE (Indicate State) _____
 MOTORIST ID # _____ CLASS _____
 RESTRICTION(S) _____ ENDORSEMENT(S) _____ EXPIRATION DATE _____

___ *Yes ___ No - Have you been convicted of a violation of law (Felony/Misdemeanor)? (Omit any offense adjudicated in Juvenile Court or under a youthful offender law.) Convictions will not necessarily disqualify you from employment. ***IF YES, YOU MUST ATTACH A LIST OF VIOLATIONS WITH DATES OF CONVICTION AND RESULTANT PENALTIES ON A SEPARATE SHEET OF PAPER.**

___ *Yes ___ No - Are you under age 18? ***IF YES, YOU WILL BE REQUIRED TO SUPPLY A WORK PERMIT.**

WORK EXPERIENCE: YOU MUST COMPLETE THIS SECTION, EVEN IF YOU INCLUDE A RESUME. To receive credit for employment experience, this section **MUST** be completed thoroughly. Be sure to include specific dates, hours per week and earnings. Describe in detail all duties performed which are relevant to the position for which you have applied. List your most current employment first.

LENGTH OF EMPLOYMENT Month/Year to Month/Year		EMPLOYER	ADDRESS	CITY, STATE, ZIP CODE
HOURS WORKED PER WEEK:	PAID EXPERIENCE YES <input type="checkbox"/> NO <input type="checkbox"/>		LIST OF DUTIES:	
YOUR TITLE:				
TYPE OF BUSINESS:				
NAME AND TITLE OF SUPERVISOR:				
REASON FOR LEAVING:				
LENGTH OF EMPLOYMENT Month/Year to Month/Year		EMPLOYER	ADDRESS	CITY, STATE, ZIP CODE
HOURS WORKED PER WEEK:	PAID EXPERIENCE YES <input type="checkbox"/> NO <input type="checkbox"/>		LIST OF DUTIES:	
YOUR TITLE:				
TYPE OF BUSINESS:				
NAME AND TITLE OF SUPERVISOR:				
REASON FOR LEAVING:				
LENGTH OF EMPLOYMENT Month/Year to Month/Year		EMPLOYER	ADDRESS	CITY, STATE, ZIP CODE
HOURS WORKED PER WEEK:	PAID EXPERIENCE YES <input type="checkbox"/> NO <input type="checkbox"/>		LIST OF DUTIES:	
YOUR TITLE:				
TYPE OF BUSINESS:				
NAME AND TITLE OF SUPERVISOR:				
REASON FOR LEAVING:				

ADDITIONAL SHEETS MAY BE ATTACHED: Sheets must contain **ALL** information requested. (e.g. Number of hours worked per week, etc.) Full-Time is 30+ hours per week Part-Time is rated as follows:
 0-09 hours/week = 0
 10-19 hours/week = 1/4
 20-29 hours/week = 1/2

VETERANS AND DISABLED VETERANS: If you have served or are currently serving in the Armed Forces of the U.S.A., in a designated time of war, and wish to claim additional examination credits, you must file a separate "Application For Veteran's Credit" (VC-1 form) and provide appropriate military papers (DD214). You may request a VC-1 form to be mailed to you by placing a check mark in this area ().

IF YOU WISH TO CLAIM CREDITS, CHECK THE APPROPRIATE BOX:

DISABLED VETERAN **NON-DISABLED VETERAN** **CURRENTLY IN ARMED FORCES**

SPECIAL TESTING ACCOMMODATIONS: Check below if you require special testing accommodations due to :

_____ Religious Observance _____ Disability _____ Alternate Date Needed
(Attach an explanation of your need for special testing accommodations on a separate sheet.)

_____ Cross-filing - Exam Number & Title & Location of Other Exam(s) _____

Please indicate the exam site at which you wish to be tested: _____

CHANGE OF ADDRESS: You must notify this agency immediately of any change of address. The number and title of the examination or eligible list must also be included in this notification. **FAILURE TO COMPLY MAY RESULT IN YOUR NAME BEING REMOVED FROM AN ELIGIBLE LIST.**

GENESEE COUNTY ✧ AN EQUAL OPPORTUNITY EMPLOYER

It is the policy of Genesee County Human Resources to provide accommodations in testing to individuals with disabilities and religious observers, and to provide for and promote equal opportunity in employment, compensation, without regard to race, color, creed, religion, sex, sexual orientation, national origin, age, disability, marital status, citizenship status, military or veteran status, criminal conviction status, predisposing genetic characteristics or genetic information, pregnancy, domestic violence victim status, or any other category protected by law.

PERSONAL INFORMATION PROTECTION STATEMENT

The information which you are providing on this application is being requested pursuant to 50.3 of the NYS Civil Service Law for the purpose of determining the eligibility of applicants to participate in an examination or a position applied for. The information will be made available only to those who have a "need to know", and will not be released to anyone else other than the applicant unless he/she has signed an appropriate release of information authorization. A candidate's failure to provide this information may result in the disapproval of the application. This information will be maintained by the Genesee County Human Resources Director.

IMPORTANT: This section **MUST BE** completed. Failure to sign this section will result in disapproval of your application for employment or examination.

I understand that false statements made herein are punishable as a **Class A Misdemeanor, pursuant to section 210.45 of the Penal Law of the State of New York.** I declare that, subject to the penalties of perjury, any statements made on this application and any attachments are the truth and to the best of my knowledge correct.

I hereby authorize the release of information regarding prior employment history/records, educational records, law enforcement records, driver's license and driving records, personal references and all like information bearing on my qualifications for this position to the appointing authority of all jurisdictions within the County of Genesee or his/her designee.

This authorization shall be valid for a period of two (2) years from the date of the execution of this document. A photocopy of this release will be as valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

Signature: _____ Date: _____
(ORIGINAL SIGNATURE REQUIRED)

ALL STATEMENTS ARE SUBJECT TO VERIFICATION