

# Walworth-Seely Public Library



## Job Description for Support Staff - Library Clerk

### **General Statement of Duties:**

The work involves the performance of routine library clerical duties necessary for the proper organization and distribution of library materials. Work is performed under direct supervision of higher clerks or Librarians. May supervise library pages and volunteers. Candidates interested in working with children and families are especially desired at this time.

### **Essential Job Functions:**

- Perform circulation desk procedures including patron services, registering patrons, collecting fines, placing item holds, and receiving and sorting incoming library materials to be shelved
- Answer the telephone and takes messages
- Call patrons to deliver messages or information on library material
- Answer directional and standard questions, and refers specific reference questions to the Library Director, Library Assistant, or another resource as appropriate
- Assist patrons with use of library equipment and technology
- Arrange files and materials according to library filing rules
- Adhere to and enforce library policies
- May assist at or lead library programs, including audiences of children and families, on a weekly basis
- Other duties as assigned by the Library Director or Library Assistant

### **Required Attributes:**

- Excellent customer service skills, approachable
- Ability to establish good rapport with all ages in groups or individually
- Tact and courtesy in dealing with staff and public
- Initiative, versatility, flexibility, adaptability
- Excellent communication skills, both verbal and written
- Ability to understand and follow oral and written instructions
- Attention to detail
- Ability to switch tasks quickly and effectively, and adjust to changing situations
- Ability to perform tasks consistently, in accordance with policies/procedures
- Excellent computer skills: searching, email, use of Microsoft office suite and Google Drive
- Working knowledge of office terminology, procedures and equipment as applied to library clerical work
- Working knowledge of library operations, services, and filing and shelving rules
- Working knowledge of business arithmetic
- Working knowledge of various social media sites
- Ability to use and troubleshoot the hardware in the library, including computers, printers, copier, etc
- Availability to work evenings and some Saturdays on rotation

- Will be hired from the Civil Service list for Library Clerk if position requires more than 20 hours per week

**Minimum Qualifications:**

- A. High school graduate or possession of a high school equivalency diploma; or
- B. Two years of clerical experience; or
- C. An equivalent combination of training and experience.

**Compensation and Benefits**

- Starting at \$14.70 per hour
- 6-19 hours per week, including evenings and some Saturdays
- Eligible for NYS Retirement System
- Membership in an Employee Assistance Program (EAP)
- Accrual of Paid Time Off after completion of one year of service



Walworth-Seely Public Library

3600 Lorraine Drive ♦ Walworth, NY 14568 ♦ Phone: 315-986-1511 ♦ Fax: 315-986-5917

<http://www.walworthlibrary.org>

OFFICE USE ONLY:

Date of Application: \_\_\_\_\_

Received by: \_\_\_\_\_

## Employment Application

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**PERSONAL INFORMATION: PLEASE PRINT**

Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Number Street City Zip

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email address \_\_\_\_\_ Other Contact \_\_\_\_\_

.....  
**POSITION APPLYING FOR** \_\_\_\_\_

\_\_\_\_\_ Part Time (< 20 hrs) \_\_\_\_\_ Full Time (> 20 hrs) \_\_\_\_\_ Substitute (Per Diem)  
*Please note: clerical positions at more than 20 hours per week are filled from the Wayne County Civil Service Lists*

Available start date \_\_\_\_\_ Desired pay rate: \_\_\_\_\_

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**Please circle your work availability:**

<b>MONDAY</b>	<b>TUESDAY</b>	<b>WEDNESDAY</b>	<b>THURSDAY</b>	<b>FRIDAY</b>	<b>SATURDAY</b>
Morning	Morning	Morning	Morning	Morning	Morning
Afternoon	Afternoon	Afternoon	Afternoon	Afternoon	Afternoon
Evening	Evening	Evening	Evening	Evening	Evening

[ Mornings (9:45 AM-12:15PM) Afternoons (12:15PM-4:15PM) Evenings (4:15 – 8:15PM) ]

**Are you under 18?** \_\_\_ yes \_\_\_ no

If yes, please give you date of birth (MM/DD/YYYY): \_\_\_\_\_

Do you have a work permit? \_\_\_ yes \_\_\_ no

**Are you currently employed** \_\_\_ yes \_\_\_ no

If yes, may we contact your present employer? \_\_\_ yes \_\_\_ no

**Are you legally permitted/authorized to work in the United States?** \_\_\_ yes \_\_\_ no

(New hires will be required to provide proof of eligibility to work in the US prior to start date).

**Have you been convicted of a felony within the last 7 years:** \_\_\_ yes \_\_\_ no

If yes, please explain \_\_\_\_\_

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**Have you ever applied for a position at the Walworth Library before?** \_\_\_ yes \_\_\_ no

If yes, when and for what position? \_\_\_\_\_

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In order for your application to be accepted for review, please include the following items:

- Letter of interest
- Resume
- NYS Civil Service Application
- Three references

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**Applicant's Statement**

I certify that the answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand that this application is not intended to be a contract of employment. In the event of employment, I understand that false or misleading information given in my application or interview may result in discharge. I understand that I am required to abide by all rules and regulations of the Walworth-Seely Public Library.

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Signature of applicant

Date

*The Walworth-Seely Public Library will keep your completed application on file for six months.*



Are you a Citizen of the United States?  Yes  No If no, do you have a legal right to work in the U.S.:  Yes  No

Do you have a valid New York State Driver's License?  Yes  No If yes, what class \_\_\_\_\_

**LICENSE/CERTIFICATE** Do you have a license, certification or other authorization to practice a trade or profession:  Yes  No

Name of Trade/Profession: \_\_\_\_\_ License/Certificate Number; \_\_\_\_\_

Licensing Agency: \_\_\_\_\_ Licensed from: \_\_\_\_\_ to: \_\_\_\_\_

**EDUCATION**

Have you received a High School Diploma:  Yes  No If no, have you received a General Equivalency Diploma (G.E.D.)  Yes  No

Name of High School \_\_\_\_\_ Check the highest grade completed 8 9 10 11 12

**EDUCATION above high school level**

Name of School	Location (State)	Course/Major	Credits Completed	Type of Degree	Date Degree Received
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

**TRAINING** Other Training you received (i.e., work training programs, Armed Forces training). Please estimate training hours received.

Course/Program	Hours
_____	_____
_____	_____

**WORK EXPERIENCE**

Describe your employment, including military experience, beginning with your current and most recent employment. Submission of a resume does not relieve you of the responsibility for completing all sections of this application. The resume is a supplement to the application, and not a substitute for it. To receive credit for a job, basic employment information such as address, name and title of supervisor, average # of hours in the workweek, final salary, and reason for leaving, specific job duties, your job title, etc. must be shown. If you supervised, state how many people and nature of such supervision.

Name & Address of current or most recent employer \_\_\_\_\_  
\_\_\_\_\_

Starting Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_  
Month/Year Month/Year

Hours worked per week: \_\_\_\_\_

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

Your job title: \_\_\_\_\_

Immediate Supervisor's name: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: \_\_\_\_\_

Description of duties: \_\_\_\_\_  
\_\_\_\_\_

**WORK EXPERIENCE (continued)**

Describe your employment, including military experience, beginning with your current and most recent employment. Submission of a resume does not relieve you of the responsibility for completing all sections of this application. The resume is a supplement to the application, and not a substitute for it. To receive credit for a job, basic employment information such as address, name and title of supervisor, average # of hours in the workweek, final salary, and reason for leaving, specific job duties, your job title, etc. must be shown. If you supervised, state how many people and nature of such supervision.

Name & Address of employer \_\_\_\_\_  
\_\_\_\_\_

Starting Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_  
Month/Year Month/Year

Hours worked per week: \_\_\_\_\_

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

**Your job title:** \_\_\_\_\_

Immediate Supervisor's name: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: \_\_\_\_\_

Description of duties: \_\_\_\_\_  
\_\_\_\_\_

Name & Address of employer \_\_\_\_\_  
\_\_\_\_\_

Starting Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_  
Month/Year Month/Year

Hours worked per week: \_\_\_\_\_

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

**Your job title:** \_\_\_\_\_

Immediate Supervisor's name: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: \_\_\_\_\_

Description of duties: \_\_\_\_\_  
\_\_\_\_\_

Remarks:

**PERSONAL PRIVACY PROTECTION LAW NOTIFICATION:** The information which you are providing on this application is being requested pursuant to Section 50.3 of the NYS Civil Service Law for the principal purpose of determining the eligibility of applicants to participate in the examination for which they have applied. This information will be used in accordance with Section 96(1) of the Personal Privacy Protection Law, particularly subdivision (b)(e) and (f). Failure to provide this information may result in disapproval of the application. For further information, relating only to the Personal Privacy Protection Law, call (518)457-9375.

**ANNOUNCEMENT OF EXAMINATION**

Before filling out the application, read carefully the announcement for this examination. When completing your application be sure to enter the title of position/examination applying for. **YOU MUST SUBMIT A SEPARATE APPLICATION FOR EACH POSITION YOU ARE APPLYING FOR.** **FINGERPRINTING and Background checks** may be required to determine suitability for employment for all positions.

**ADMISSION TO EXAMINATION**

Do not interpret a notice to appear for, or actual participation in the examination to mean that you have been found to meet fully the announced requirements. Depending on the time available before an examination, applicants may be admitted to the examination on the basis of statements made on the application or conditionally, without prior review of the applicant. Such statements may not be reviewed and/or verified until after the examination is held. At that time those candidates not meeting the requirements will be disqualified and notified of such disqualifications. Please call the Personnel Office immediately if you do not receive an admission notice within three days of the date of examination.

**APPLICATION FEE FOR EXAMINATION**

If the examination announcement indicates that an application fee is required for the examination for which you are applying, **you must submit the required fee for each separate examination.** The required fee amount for each examination will be listed on the announcement. Cash/Check/money orders will be accepted. **Your application fee will not be refunded if you do not meet the requirements for admission to the examination. Compare your qualifications carefully to the requirements stated on the announcement and file only for those examinations for which you are clearly qualified.**

**CHANGE OF ADDRESS**

You must send written notification to this office of address change. Please include phone number, examination or eligible list you wish to update.

**SPECIAL ARRANGEMENTS FOR EXAMINATIONS**

If you need special arrangements because you are a Religious Observer (for religious reasons, cannot be tested on date of examination, or if you have a disability that requires you to have special accommodations or assistance for the completion of this application or for you to participate in an examination, you must notify this Department at 315-946-7483 no later than the last date of filing for this examination. Your request must include examination numbers and titles and the type of special arrangements required accompanied by all supporting documentation.

Wayne County, as an employer, does not discriminate on the basis of a disability and will make reasonable accommodations for employees with special needs, due to a disability. It is the responsibility of the applicant or employee to voluntarily disclose that they require an accommodation based on their disability.

**APPLICATION FEE WAIVER:** A waiver of application fee will be allowed if you are unemployed and primarily responsible for the support of household. In addition, a waiver of application fee will be allowed if you are determined eligible for Medicaid, or receiving Supplemental Security Income payments, or Public Assistance (Temporary Assistance for Needy Families/Family Assistance or Safety Net Assistance) or are certified Job Training Partnership Act/Workforce Investment Act eligible through a State or local social service agency. All claims for application fee waiver are subject to verification. If you can verify eligibility for application fee waiver, complete a "Request for Application Fee Waiver and Certification" form and submit it with your application by the close of business on the Application Deadline as listed on the Examination Announcement. The form is available on our web site [co.wayne.ny.us](http://co.wayne.ny.us)

YOU MUST ALSO SUBMIT A VETERAN CREDIT APPLICATION – form available online

**VETERAN CREDITS**

Please submit a copy of your DD214 verifying the character of your discharge and dates of service.

Branch of Service: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

If you are claiming credits as a disabled war veteran, you must in addition to meeting the requirements as indicated by a "YES" answer to questions 10A-C and a "NO" answer to question 10D, be certified by the veteran's administration as being entitled to receive payments for a service-connected disability rated at ten(10) percent or more.

Check the appropriate box. Failure to do so, accurately and completely may result in denial of your claim.  Disabled War Veteran  
 Non-Disabled War Veteran

All claims and grants of veteran's credits are tentative and must be verified through inspection of discharge papers and other related documents, as necessary, prior to the establishment of the eligible list. You will be advised as to which documents must be produced by you for this verification. All statements you make in support of your claim for additional credits are subject to investigation and substantiation by this agency. In the event of subsequent disclosure of any material misstatement or fraud in this claim, your appointment may be rescinded and you may be disqualified from further appointments on which you have been granted additional credits as a result of such material misstatement or fraud.

- Have you ever served in the Armed Forces of the United States? (The "Armed Forces of the United States" means the Army, Navy, Marine Corps, Air Force and Coast Guard, including all components thereof and the National Guard when in the service of the United States pursuant to call as provided by Law on a full-time basis other than active duty for training purposes.)  YES  NO
- If "YES" did you receive a discharge which was honorable or were you released under honorable circumstances?  YES  NO
- Are you currently a resident of New York State?  YES  NO
- Since January 1, 1951, have you used additional credits as a disabled or non-disabled veteran for appointment to any position in the public employment of New York State or any of its civil divisions?  YES  NO