



JOB DESCRIPTION

JOB TITLE: Youth Services Librarian (Part-time)

DEPARTMENT/DIVISION: Library

SUMMARY OF FUNCTION

Under the general supervision of the Library Director, performs a variety of professional duties which directly result in the delivery of library services to the community through direct and indirect public contact. Duties may include planning and implementation of library youth programs, assisting patrons with reference and readers' advisory questions, and assisting with the selection and maintenance of the library collection.

ESSENTIAL TASKS

- Assist with selection and maintenance of the library collection - print, non-print and electronic.
- Supervise work activities of library personnel under the direction of the Library Director.
- Provide reference and information services to all ages using print, non-print and electronic sources.
- Plan and conduct youth library programs and prepare displays.
- Participate in development of policies and procedures for the library.

SUPPLEMENTAL TASKS

- Attend workshops or courses on library related topics.
- Participate in professional activities (e.g., The Library Network, Michigan Library Association, etc.).

KNOWLEDGE SKILLS AND ABILITIES

- MUST have a Masters Degree in Library Science, or its equivalent, from an American Library Association accredited library school.
- Must qualify for state certification from the Library of Michigan as follows:
 - Librarian's Permanent Professional Certificate, or
 - Librarian's Professional Certificate.
- Thorough knowledge of modern library services, techniques and principles.
- Ability to serve library patrons efficiently and effectively.
- Technology experience - Microsoft Office, Sirsi Dynix & Workflows; Social Networking; webpage management, internet searching, public access catalog training for the public, etc.

SALARY RANGE - This is a 20 or 24 hour work week, part-time position with a rate of \$17.35 per hour and no benefits.

NOTE - This job description is intended to indicate the general nature of responsibilities typically assigned to the job. The description is not necessarily exhaustive or intended to limit the supervisor's right to modify assignments as necessary.

The City of Oak Park does not discriminate in its employment or any other programs or activities on the basis of race, religion, color, creed, national origin, ancestry, ethnicity, gender, economic status, age, marital status, sexual orientation or disability. We provide reasonable accommodation for qualified individuals with a disability, if requested. Notification of the need for accommodation must be made at the time of application.

TO APPLY:

The City of Oak Park Human Resources Department only accepts electronic submissions. Please download and complete an application at www.oakparkmi.gov. Completed **City of Employment Application forms**, resumes and other pertinent data must be sent in PDF format to hrassistant@oakparkmi.gov



Application for Employment

Personal Information				
Name	_____ Last	_____ First	_____ Middle	_____
Address	_____ Street	_____ City	_____ State	_____ Zip Code
Telephone # (_____) _____	Mobile # (_____) _____	E-Mail Address _____	_____	
Position (s) applied for _____	Date of Application ____/____/____			

If you are under 18, and it is required, can you furnish a work permit? Yes No
 If no, please explain _____

Have you ever been employed here before? Yes No
 If yes, give dates and position(s): _____

Are you legally eligible for employment in this country? Yes No

Type of employment desired: Full-time Part-time Temporary Seasonal Educational Co-op

Date available for work: ____/____/____ What is your desired salary range? _____ \$ _____

Can you perform the essential duties of the job in which you wish to be employed, with or without reasonable accommodation? Yes No

Are you able to meet the attendance requirements of the position? Yes No

Have you ever been convicted of a crime? Yes No
 If yes, please provide date(s) and details: _____

ANSWERING "YES" TO THESE QUESTIONS DOES NOT CONSTITUTE AN AUTOMATIC BAR TO EMPLOYMENT. FACTORS SUCH AS DATE OF THE OFFENSE, SERIOUSNESS AND NATURE OF THE VIOLATION, REHABILITATION AND POSITION APPLIED FOR WILL BE TAKEN INTO ACCOUNT.

Driver's license number if driving is an essential job function _____ State _____

Employment History – List last employer first, including US military service.				
From	To	Employer	Telephone #	
Starting Job Title / Final Job Title		Address		
Immediate Supervisor and Title		Summarize the nature of work performed and job responsibilities		
May we contact for a Reference? Reason for leaving:		Hourly rate/Salary Start \$ _____ Per _____ Final \$ _____ Per _____		
From	To	Employer	Telephone #	
Starting Job Title / Final Job Title		Address		
Immediate Supervisor and Title		Summarize the nature of work performed and job responsibilities		
May we contact for a Reference? Reason for leaving:		Hourly rate/Salary Start \$ _____ Per _____ Final \$ _____ Per _____		
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Starting Job Title / Final Job Title		Address		
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May we contact for a Reference? Reason for leaving:		Hourly rate/Salary Start \$ _____ Per _____ Final \$ _____ Per _____		



Skills and Qualifications
Summarize any training, skills, licenses, and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying. _____ _____ _____

Educational Background				
Name and Location	Number of Years Completed	Did You Graduate?		Course of Study
		Major	Degree	
High School				
College				
Other				

References		
Name	Telephone	Number of years known
	()	
	()	
	()	

Applicant Statement

I certify that all information I have provided in order to apply for and secure work with the employer is true, complete, and correct.

I understand that any information provided by me that is found to be false, incomplete, or misrepresented in any respect, will be sufficient cause to (i) cancel further consideration of this application, or (ii) immediately discharge me from the employer's service, whenever it is discovered.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I have regarding the employer, its agents, employees or representatives, for seeking, gathering and using such information in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that the employer does not unlawfully discriminate in employment and no questions on this application are used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state, and federal law.

I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to reapply and fill out a new application.

If I am hired, I understand that I am an "at will" employee whereas I am free to resign at any time, with or without cause and without prior notice and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, unless otherwise required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied, oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president.

I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

<p>DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.</p> <p>I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.</p> <p>Signature of Applicant x _____ Date ____/____/____</p>
