LOCKPORT PUBLIC LIBRARY
Grigg-Lewis Workership Application Form – 2025

Applicant Name_____

Address_____

(Must be resident of Eastern Niagara County OR be enrolled at Niagara University or Niagara County Community College)

Phone Number_____ Date of Application_____

Email:_____

Position(s) for which you are applying _____

When are you available for an interview at the library? _____

Are you available to work May 15th – August 15th? _____

May we share your application with other participating agencies? ____Yes ____No

Current year enrolled in school_____

(Must be enrolled at a two- or four-year college or be a senior in high school who will attend college in the Fall 2025 semester)

Name of school _____

Major area of study/interest_____

Volunteer experience_____

Employment experience_____

_____

_____

Skills (specific computer program skills, graphic arts, etc.)

_____

References: Give name, title, address, and phone number for three references who are not related to you:

_____

_____

_____

Deadline for submission of application: March 1, 2025

Mail completed application to: Mrs. Beverly Federspiel
Lockport Public Library
23 East Avenue
P.O. Box 475
Lockport, NY 14095-0475