



## Recruitment Open

### LIBRARIAN

The City of Lyons is seeking qualified candidates to serve as the next Librarian for the Lyons Public Library.

We are looking for an experienced librarian with knowledge of public library operations and working with Chemeketa Cooperative Regional Library Service (CCRLS) is preferred.

For more information on how to apply for this position:  
View our website at: [www.cityoflyons.org](http://www.cityoflyons.org)

Applications and job announcement with job description is available on our website:

[www.cityoflyons.org](http://www.cityoflyons.org)

Or contact:

Lyons City Hall (503) 859-2167  
449 5<sup>th</sup> St.  
Lyons, OR 97358

[cityoflyons@wavecable.com](mailto:cityoflyons@wavecable.com)

Lyons Public Library (503) 859-2366  
279 8<sup>th</sup> St  
Lyons, OR 97358

[library@cityoflyons.org](mailto:library@cityoflyons.org)

The deadline to submit applications: **4/18/2025**

Submit applications along with a resume and cover letter to:  
**Lyons City Hall, 449 5th St, Lyons, OR 97358**



## JOB ANNOUNCEMENT

Job Title: **LIBRARIAN**  
Hours Worked: 100 hrs. Monthly  
Pay Rate: \$23-\$25/hr. DOQ

Location: Lyons Public Library  
284 8<sup>th</sup> St, Lyons, OR  
**Application Deadline: 4/18/25 4pm**

**Obtain Applications at:**  
Lyons City Hall  
449 5<sup>th</sup> St, Lyons OR 97358  
Online: [www.cityoflyons.org](http://www.cityoflyons.org)  
(503) 859-2167

**Submit applications to:**  
Lyons City Hall  
449 5<sup>th</sup> St, Lyons OR 97358  
[cityoflyons@wavecable.com](mailto:cityoflyons@wavecable.com)

### JOB DESCRIPTION

General Statement of Duties: Under direction of the City Manager, implements policy as established by the Lyons City Council and Lyons Public Library Board. Administers, plans, and directs the overall operations and functions of the library, including a variety of administrative and supervisory work in planning, organizing, and implementing the programs and services of the library system.

Supervision Received: Work is performed under the direct supervision of the City Manager.

Supervision Exercised: Exercises a.) fiscal supervision over the library budget including expense control; and b.) supervision over library personnel and library volunteers.

### Principal Duties and Responsibilities:

1. Exercises supervision over the library budget and expenses, plus supervision over library personnel and volunteers.
2. Attends all Library Board meetings as secretary of the Library Board; keeps minutes and correspondence as needed. Prepares proposals & recommendations from the Library Board and attends City Council meetings, when necessary, to present Library Board recommendations.
3. Promotes the library to homebound and physically challenged patrons, schools, local businesses, and community leaders.
4. Attends meetings and trainings (*as a representative of the Lyons Public Library*) at Chemeketa Cooperative Regional Library Service, the Oregon Library Association, and the Oregon State Library.
5. Assists library patrons seeking information or making use of the library facilities, checks materials in and out, issues renewals and holding of materials on request, answer questions, assisting with research and referrals as needed, registers patrons and collects fines and fees when applicable.
6. Acquires, classifies, catalogs, and maintains library equipment and materials, weeds the collection to maintain integrity, and updates information by discarding and replacing materials as needed within budgetary constraints.
7. Prepares and submits the annual state library report.
8. Maintains records and monitors budgeted library expenses.

9. Maintains knowledge of library grant programs; prepares and administer grants where applicable.
10. Prepares correspondence on varied public library issues. Prepares, or supervises the preparation of, informative and promotional materials for publication.

Knowledge, Skills, and Abilities: Knowledge of: principles and practices of modern library systems and programs; library collection classification and selection techniques; equipment and facilities required in a comprehensive library system; community library needs and resources; the practices and principles of office management; employee work organization and supervision; good computer skills and the ability to assist others; ability to coordinate and utilize a variety of reports and records, including budget preparation; ability to communicate effectively, verbally and in writing; and the ability to establish and maintain effective working relationships with employees, supervisors, other agencies, and the public.

Physical Demands: While performing the duties of this job, the employee is frequently required to walk, sit, talk, and listen. The employee will be required to use hands to handle, feel, or operate objects, tools, or controls; and reach with hands and arms. The employee occasionally will be required to climb, balance, stoop, kneel, and crouch. The employee must occasionally lift and/or move up to 25 lbs. Specific vision abilities required by this job include close and distant vision, color vision, peripheral vision, depth perception, and the ability to adjust focus.

Hours: The Librarian position is 100 hours per month (*1200 hours annually*). The Librarian is responsible for scheduling library employee hours. This position is eligible for benefits.



# CITY OF LYONS

PHONE: (503)859-2167  
 FAX: (503)859-5167  
[CITYOFLYONS@WAVECABLE.COM](mailto:CITYOFLYONS@WAVECABLE.COM)

449 5<sup>TH</sup> STREET  
 LYONS, OREGON 97358  
[WWW.CITYOFLYONS.ORG](http://WWW.CITYOFLYONS.ORG)

## EMPLOYMENT APPLICATION

Please complete all sections. Your application may not be considered if incomplete.

### JOB INFORMATION

POSITION APPLYING FOR: \_\_\_\_\_

### PERSONAL INFORMATION

FIRST NAME	MIDDLE INITIAL	LAST NAME
ADDRESS		
CITY	STATE	ZIP
HOME PHONE	ALTERNATE PHONE	
EMAIL ADDRESS	WHICH METHOD DO YOU PREFER TO BE NOTIFIED ABOUT YOUR APPLICATION STATUS? <input type="checkbox"/> EMAIL <input type="checkbox"/> PAPER <input type="checkbox"/> PHONE	

### EDUCATION

WHAT IS YOUR HIGHEST LEVEL OF EDUCATION?

<input type="checkbox"/> Some High School	<input type="checkbox"/> Some College	<input type="checkbox"/> Associate's Degree	<input type="checkbox"/> Master's Degree
<input type="checkbox"/> High School	<input type="checkbox"/> Technical College	<input type="checkbox"/> Bachelor's Degree	<input type="checkbox"/> Doctorate

### HIGH SCHOOL EDUCATION

DID YOU GRADUATE FROM HIGH SCHOOL OR RECEIVE A G.E.D.?     YES     NO

SCHOOL NAME	CITY	ZIP
-------------	------	-----

### COLLEGE EDUCATION

SCHOOL NAME	DEGREE RECEIVED	
SCHOOL LOCATION (CITY/STATE)	DID YOU GRADUATE? <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> SEMESTER <input type="checkbox"/> QUARTER # OF UNITS COMPLETED:
MAJOR		

**DRIVER'S LICENSE INFORMATION**

IF THE POSITION INVOLVES DRIVING, DO YOU HAVE A VALID LICENSE?  YES  NO  
 STATE WHERE ISSUED CLASS:

**CERTIFICATES & LICENSES**

TYPE	DATE ISSUED _____	EXPIRES _____
LICENSE NUMBER	ISSUING AGENCY	
TYPE	DATE ISSUED _____	EXPIRES _____
LICENSE NUMBER	ISSUING AGENCY	

**EMPLOYMENT HISTORY – Please list in date order with most recent first.**

DATES From _____ To _____	CURRENT EMPLOYER or Most Recent	POSITION TITLE
ADDRESS	CITY	STATE, ZIP
PHONE NUMBER	SUPERVISOR (NAME & TITLE)	MAY WE CONTACT THIS EMPLOYER?
DUTIES		
REASON FOR LEAVING		

DATES From _____ To _____	EMPLOYER	POSITION TITLE
ADDRESS	CITY	STATE, ZIP
PHONE NUMBER	SUPERVISOR (NAME & TITLE)	MAY WE CONTACT THIS EMPLOYER?
DUTIES		
REASON FOR LEAVING		

**EMPLOYMENT HISTORY Continued**

<b>DATES</b> From                      To	<b>EMPLOYER</b>	<b>POSITION TITLE</b>
<b>ADDRESS</b>	<b>CITY</b>	<b>STATE, ZIP</b>
<b>PHONE NUMBER</b>	<b>SUPERVISOR (NAME &amp; TITLE)</b>	<b>MAY WE CONTACT THIS EMPLOYER?</b>
<b>DUTIES</b>		
<b>REASON FOR LEAVING</b>		

<b>DATES</b> From                      To	<b>EMPLOYER</b>	<b>POSITION TITLE</b>
<b>ADDRESS</b>	<b>CITY</b>	<b>STATE, ZIP</b>
<b>PHONE NUMBER</b>	<b>SUPERVISOR (NAME &amp; TITLE)</b>	<b>MAY WE CONTACT THIS EMPLOYER?</b>
<b>DUTIES</b>		
<b>REASON FOR LEAVING</b>		

<b>DATES</b> From                      To	<b>EMPLOYER</b>	<b>POSITION TITLE</b>
<b>ADDRESS</b>	<b>CITY</b>	<b>STATE, ZIP</b>
<b>PHONE NUMBER</b>	<b>SUPERVISOR (NAME &amp; TITLE)</b>	<b>MAY WE CONTACT THIS EMPLOYER?</b>
<b>DUTIES</b>		
<b>REASON FOR LEAVING</b>		

<b>REASON FOR LEAVING</b>		
---------------------------	--	--

**SKILLS**

OFFICE SKILLS		TYPING (Words Per Minute)	DATA ENTRY (Words Per Minute)
OTHER SKILLS			
SKILL	SKILL LEVEL ___ BEGINNER ___ SKILLED ___ EXPERT		EXPERIENCE ___ Years ___ Months
SKILL	SKILL LEVEL ___ BEGINNER ___ SKILLED ___ EXPERT		EXPERIENCE ___ Years ___ Months

**EMPLOYMENT OBJECTIVE**

--

**REFERENCE INFORMATION – Please list others not listed above.**

NAME OF REFERENCE	PHONE NUMBER	EMAIL
ADDRESS	___ Personal ___ Business ___ Work Other: _____	
NAME OF REFERENCE	PHONE NUMBER	EMAIL
ADDRESS	___ Personal ___ Business ___ Work Other: _____	

**ADDITIONAL INFORMATION**

Volunteer Experience, Military Service, Personal, Professional Associations, Interests, Activities, Other/Miscellaneous
---

**APPLICATION SIGNATURE**

I hereby certify that I understand that I will have to produce documentation verifying identity and employment eligibility in the U.S. I understand that I may be required to verify any and all information given on this application.

I certify that all the information provided in this application is true and accurate and I have not withheld any information relative to my application. I understand that any misrepresentation or omission, as well as any misleading statements or omissions of application information, attachments or supporting documents may result in denial of employment or immediate termination.

I understand that an in-depth background check will be conducted prior to employment with the City of Lyons. This may include, but is not limited to, a Criminal History check, a DMV check, education, and certification verification, and contact with previous employers and references in order to determine suitability for employment and ability to qualify for employment with the City of Lyons.

I authorize representatives of the City of Lyons to contact the employers and references listed in this application (or otherwise provided by me), except as otherwise indicated, and any other person as developed through these contacts to determine my suitability for employment. I understand that as the process progresses, I may be required to provide additional information in order that a thorough background check can be completed.

I understand and agree that, if hired, my employment relationship with the City of Lyons will be “**at-will**” meaning for no definite period and the relationship may be terminated at any time and without prior notice by either party.

I understand that this completed application is the property of the City of Lyons and will not be returned. I understand that I must notify the City Manager of the City of Lyons of any changes in my name, address, or phone number.

I have read and understand the above information.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE



## **Veterans' Preference Form (ORS 408.230)**

Veterans who meet the minimum qualifications for a position open for recruitment may be eligible for preference in employment under Oregon law. If you are a Qualified Veteran or Qualified Disabled Veteran and would like to be granted preference in the selection and hiring process for a specific posted job, please fill out this Veterans' Preference Form and provide proof of eligibility by submitting a copy of form DD-214 or 215 (copy 4). This completed form and required supporting documentation must be submitted with your application in order for consideration for Veterans' Preference.

**Qualified Veteran Questions:** *Veterans' preference may be claimed if you check at least one of the boxes below and provide proof via form DD-214 or 215 (Copy 4)*

**ORS 408.225(f)** – I served on active duty with the Armed Forces of the United States:

- For a period of more than 90 consecutive days beginning on or before January 31, 1955, and was discharged or released under honorable conditions;
- For a period of more than 178 consecutive days beginning after January 31, 1955, and was discharged or released from active duty under honorable conditions;
- For a period of 178 days or less and was discharged or released from active duty under honorable conditions because of a service due to a service-connected disability;
- For a period of 178 days or less and was discharged or released from active duty under honorable conditions and have a disability rating from the United States Department of Veterans Affairs; or
- For at least one day in a combat zone and was discharged or released from active duty under honorable conditions;
  - Received a combat or campaign ribbon or an expeditionary medal for service in the Armed Forces of the United States and was discharged or released from active duty under honorable conditions; **or**
  - Is receiving a nonservice – connected pension from the United States Department of Veterans Affairs.

**Qualified Disabled Veteran Questions:** *Additional preference may be claimed if you check at least one box below and provide proof of eligibility via a copy of DD214 or 15, Copy 4, and a public employment preference letter from the United States Department of Veteran's Affairs (letter may be requested by calling 800-827-1000)*

- I am entitled to disability compensation under laws administered by the United States Department of Veterans Affairs; or
- I was discharged or released from active duty for a disability incurred or aggravated in the line of duty; or
- I was awarded the Purple Heart for wounds received in combat.

I hereby claim Veterans' Preference, have attached proof of eligibility as directed and certify that the above information is true and correct. I understand that any false statements may be cause for my disqualification, or dismissal, regardless of when discovered.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Position Applied For:** \_\_\_\_\_

*This form and supporting documentation must be received by the City Manager no later than the closing time and date of the job posting. If you have any specific questions please contact the City Manager.*

*(503) 859-2167 or [cityoflyons@wavecable.com](mailto:cityoflyons@wavecable.com)*