



Recruitment Open ASSISTANT LIBRARIAN

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

Library experience is preferred. This is a part-time position.

For more information including application and job announcement see our website:
www.cityoflyons.org

Or contact:

Lyons City Hall
449 5th St.
Lyons, OR 97358

(503) 859-2167

cityoflyons@wavecable.com

Lyons Public Library
279 8th St
Lyons, OR 97358

(503) 859-2366

library@cityoflyons.org

The deadline to submit applications: **6/13/2025 at 4:00 pm**

Submit applications to:

Lyons City Hall, 449 5th St, Lyons, OR 97358



JOB ANNOUNCEMENT

Job Title: **ASSISTANT LIBRARIAN**
Hours Worked: 40 hrs Monthly
Pay Rate: \$16.00 – \$16.70

Location: Lyons Public Library
284 8th St, Lyons
Application Deadline: 6/13/25, 4 pm

Obtain Applications at:

Lyons City Hall
449 5th St, Lyons OR 97358
Online: www.cityoflyons.org

Submit applications to:

Lyons City Hall
449 5th St, Lyons OR 97358
cityoflyons@wavecable.com

Need more information? Contact Micki at (503)859-2167 cityoflyons@wavecable.com

JOB DESCRIPTION

General Statement of Duties: Under direction of the Library Director, implements policies and procedures as established by the Library Director, City Manager, Lyons Public Library Board, and Lyons City Council. Assists in planning and administering the overall operations and functions of the library. Performs the duties of the Library Director in their absence.

Distinguishing Features of the Classification: Acts as Library Director in the absence of the Library Director and shall assume all duties and responsibilities, when needed. Works primarily with the public.

Supervision Received: Work is performed under the direct supervision of the Library Director.

Supervision Exercised: Exercises supervision over Library personnel, volunteers, and activities in the absence of the Library Director.

Principal Duties and Responsibilities:

1. Attends Library Board meetings as secretary of the Library Board, keeps minutes and correspondence in the absence of the Library Director.
2. Attends meetings and trainings as a representative of the Lyons Public Library at Chemeketa Cooperative Regional Library Service, as needed.
3. Assists library patrons seeking information or making use of the library facilities, checking materials in and out, issuing renewals, and holdings of materials on request, answer questions, assisting with research and referrals, registers patrons, accepts donations, and collects fines and fees when applicable.
4. Maintains, classifies, and catalogs library equipment and materials, including preparation of materials; and assists with weeding the collection under the direction of the Library Director.
5. May be assigned additional tasks, such as light cleaning of the library, or other tasks as directed by the Library Director.

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. Knowledge and understanding of the Dewey System is required or obtain training within 6 months of hire.

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 Assistant Librarian position is a regular part-time position, 40-hours per month, not to exceed 500-hours annually. Schedule to be determined by the Library Director.

Benefits: This position is not eligible for benefits.



CITY OF LYONS

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

449 5TH STREET
LYONS, OREGON 97358
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?

☐ EMAIL ☐ PAPER ☐ PHONE

EDUCATION

WHAT IS YOUR HIGHEST LEVEL OF EDUCATION?

☐ Some High School

☐ Some College

☐ Associate's Degree

☐ Master's Degree

☐ High School

☐ Technical College

☐ Bachelor's Degree

☐ 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?

☐ YES ☐ NO

☐ SEMESTER ☐ QUARTER
OF UNITS COMPLETED:

MAJOR

DRIVER'S LICENSE INFORMATION		
IF THE POSITION INVOLVES DRIVING, DO YOU HAVE A VALID LICENSE? <input type="checkbox"/> YES <input type="checkbox"/> 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		
DATES From To	EMPLOYER	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		
DATES From To	EMPLOYER	POSITION TITLE
ADDRESS	CITY	STATE, ZIP
PHONE NUMBER	SUPERVISOR (NAME & TITLE)	MAY WE CONTACT THIS EMPLOYER?
DUTIES		
REASON FOR LEAVING		

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

***CITY OF LYONS IS AN EQUAL OPPORTUNITY EMPLOYER
AND DRUG FREE WORKPLACE***

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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