



APPLICATION FOR EMPLOYMENT

EQUAL OPPORTUNITY EMPLOYER

It is the policy of the Library System that no person shall be denied the right of employment or advancement on the basis of political or religious affiliation, race, sex, age, national origin, color, disability or veteran status.

(Print Clearly and Fill Out Application Fully and Completely)

PERSONAL INFORMATION

Name _____
Last First Middle Initial

Current Address _____
Street City State Zip

How long have you lived at this address? _____ Phone () - Email _____

Previous Address _____
Street City State Zip

Are you a Citizen of the United States? _____ If no, are you authorized to work in the United States? _____

Job(s) applied for 1. _____ Rate of pay expected \$ _____ per _____
2. _____ Rate of pay expected \$ _____ per _____

Can you physically perform duties of the job for which you are applying? Check one. Yes _____ No _____

If no, please explain. _____

Have you previously been employed by the Pine Bluff / Jefferson County Library System? Check One. Yes ___ No ___

If yes, dates employed _____ Position held _____

Have you previously performed library duties? If yes, specify the name of the library, its location, the amount of time you worked there, and the duties you performed. _____

If hired, on what date will you be available to start work? _____

If hired, do you have reliable means of transportation to get to work? Check one. Yes _____ No _____

List experiences, skills, education, or qualifications which you feel would benefit the Library.

Person to be notified in case of accident or emergency

Name _____ Phone () - _____

Address _____ Relationship _____

EDUCATION

| Type of School | Name of Institution | From | To | Graduated |
|--------------------|---------------------|------|----|-----------|
| High School | | | | Yes? No? |
| College | | | | Yes? No? |
| Other | | | | Yes? No? |

If not a High School Graduate, do you have a GED equivalent? Check one. Yes _____ No _____

PRIOR WORK HISTORY

(Beginning with your last or present employment, list your last three jobs.)

| Dates | | Name of Employer | Rate of Pay | | Supervisor's Name | Reason for Leaving |
|--|-----|------------------|-------------|-----|-------------------|--------------------|
| Start | End | | Start | End | | |
| | | | | | | |
| Give job title and describe of work performed. | | | | | | |

| Dates | | Name of Employer | Rate of Pay | | Supervisor's Name | Reason for Leaving |
|--|-----|------------------|-------------|-----|-------------------|--------------------|
| Start | End | | Start | End | | |
| | | | | | | |
| Give job title and describe of work performed. | | | | | | |

| Dates | | Name of Employer | Rate of Pay | | Supervisor's Name | Reason for Leaving |
|--|-----|------------------|-------------|-----|-------------------|--------------------|
| Start | End | | Start | End | | |
| | | | | | | |
| Give job title and describe of work performed. | | | | | | |

Professional References

(DO NOT INCLUDE FORMER EMPLOYERS OR PERSONAL REFERENCES IN THIS SECTION)

| Name & Occupation | Address | Phone | Email |
|-------------------|---------|-------|-------|
| | | | |
| | | | |
| | | | |

PLEASE READ CAREFULLY

APPLICANT'S CERTIFICATION AND AGREEMENT

I understand that this application does not create any contractual or other legal rights. It does not alter the at-will employment status nor does it create an employment contract for any specific period of time.

I certify that I have made no willful misrepresentations in this application nor have I withheld information in my statements and answers to questions. I am aware that the information given by me in my application may be investigated, and I so give my full permission to do so. I know that any misrepresentations may cause my application to be rejected or my employment terminated.

I authorize any former employer to release to the Pine Bluff / Jefferson County Library System, or its authorized representative, any and all employment records and other information it may have about my employment. I understand that the information will be used for the purpose of evaluating my application for employment with the Library System. A photocopy of this authorization shall be as valid as the original.

I understand that employment is at the discretion of the Library System, subject to approval by the Library Director. I understand that this application is the property of the Library System and will become a part of my file if I am accepted for employment.

Signature of Applicant _____ Date _____

Do Not Write Below This Line

EMPLOYMENT AGREEMENT

I understand that I am being employed by the Pine Bluff / Jefferson County Library System at the discretion of the Library System, under the jurisdiction of the Library Board of Trustees, under the direction of the Library Director. I understand that the initial terms of the employment are as stated below, but may be changed under the terms listed in the Staff Manual, or at the discretion of the Director.

_____ has been hired by the Pine Bluff / Jefferson County
Library System effective _____, with the status of _____.

Director or Authorized Signature