

Application for: _____
Professional _____
Clerical _____
Page/other _____

SOUTH COUNTRY LIBRARY
EMPLOYMENT APPLICATION

DATE _____

Equal opportunity employer: It is our policy to abide by all Federal and State laws prohibiting employment discrimination solely on the basis of a person's race color, creed, national origin, religion, age(over 40), sex, marital status, or physical handicap, except where a reasonable, bona fide occupational qualification exists.

PERSONAL

Name: (last) _____ (first) _____ (middle) _____

Address: Street _____ city _____ state _____ zip _____

Phone number _____ cell phone number _____

Previous addresses during the last 5 years

Street _____ city _____ state _____ zip _____

Street _____ city _____ state _____ zip _____

Circle the following options you would consider Full-time Part-time Temporary Substitute

List any relatives working for the organization If minor, age _____
Name _____

Can you, after employment, submit a birth certificate or other proof of U.S. citizenship? Yes No

If not a U.S. citizen, can you, after employment, submit verification of your legal right to work permanently in the U.S.?
Yes No

Were you previously employed by this organization? Yes No If yes list dates _____

Have you ever been convicted of a felony, or pleaded no contest in a felony, or been convicted of a misdemeanor resulting in imprisonment or a fine over \$500. during the last 10 years? (Conviction will not necessarily disqualify an applicant) Yes No If yes, explain _____

EDUCATION AND TRAINING

High School _____ Graduated Yes No

College or university _____ Major _____ year _____

College or university _____ Major _____ year _____

Trade school _____ subjects _____ completed Yes No

Apprentice School _____ subjects _____ completed Yes No

List any other education, training, or special skills, or certificates/licenses that you possess related to the job:

List any machines or equipment that you are qualified and experienced at operating: _____

List any languages other than English that you are fluent in _____

EXPERIENCE: last five years

Name of employer _____ type of business _____

Address _____

Employed from _____ to _____

Starting title _____ Ending title _____

Name and title of supervisor _____ contact phone number _____

Brief description of duties _____

Reason for leaving _____

EXPERIENCE

Name of employer _____ type of business _____

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Name and title of supervisor _____ contact phone number _____

Brief description of duties _____

Reason for leaving _____

REFERENCES

List business persons known, but not related to you, for at least three years:

Name	Title	Business	Phone	Yrs. known
1. _____				
2. _____				
3. _____				
4. _____				
5. _____				

Drivers

Do you have a valid New York driver's license? Yes No If yes, license no. _____

List any moving violations during the last 5 years:

APPLICANT'S CERTIFICATION: Please read carefully before signing. If you have any questions regarding the following statements, please ask for assistance. I certify that, to the best of my knowledge and belief, the answers given by me to the foregoing questions and the statements made by me in this application are correct and complete. I understand that any false information contained in this application may result in my discharge. I authorize you to communicate with all my former employers, school officials, and persons named as references. I hereby release all employers, schools and individuals from any liability for any damage whatsoever resulting from giving such information. I understand that as this organization deems necessary, I may be required to work overtime hours or hours outside a normally defined work day or work week. If employed, I understand and agree that such employment may be terminated at any time and without any liability to me for any continuation of salary, wages, or employment related benefits.

Date: _____ Signature: _____