



Application for Employment

READ THESE INSTRUCTIONS CAREFULLY

Please keep in mind, this application will become a part of your permanent file should you be employed. If necessary, you may use additional sheets of paper. This form must be completed even if attaching a resume. Do not include any information regarding race, color, age, sex or national origin.

EQUAL EMPLOYMENT OPPORTUNITY POLICY

It is the policy of Anderson County Library to recruit, hire, train and promote employees on the basis of qualifications with out discrimination because of race, religion, color, political affiliation, handicap, national origin, sex, or age: except where absence of handicap, sex or age is a bona fide occupational qualification.

(PLEASE PRINT)

PERSONAL INFORMATION

Last Name	First Name	Middle Name	Today's Date
Mailing Address		City	State Zip Code
Street Address (if different from above)			
Home Phone () -		Message Phone () -	
If you are under 18 years of age, do you have a work permit? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If you are not a U. S. Citizen, do you have the legal right to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you a U. S. Military Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Type of Visa: _____		Expiration date: _____	
		If yes, please list dates : _____	
		Rank at discharge: _____	
Have you ever been convicted of anything other than a traffic violation? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please describe: _____			

POSITION DESIRED

Position applied for:	Date available:
Type of Employment: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary	If required, would you be able to work <input type="checkbox"/> Weekends <input type="checkbox"/> Nights

EDUCATION AND TRAINING

Please circle the last level of education completed.

High School 1 2 3 4 College or University 1 2 3 4 Graduate School 1 2 3 4

Education	Name and Location	Graduate?	Major & Minor	Degree Earned
High School				
Business or Vocational				
College or University				
Graduate School				

Special Skills: _____

THE LANGUAGE USED IN THIS DOCUMENT DOES NOT CREATE AN EMPLOYMENT CONTRACT BETWEEN THE EMPLOYEE AND ANDERSON COUNTY LIBRARY. THE DOCUMENT DOES NOT CREATE ANY CONTRACTUAL RIGHTS OR ENTITLEMENTS. THE ANDERSON COUNTY LIBRARY RESERVES THE RIGHT TO REVISE THE CONTENT OF THIS DOCUMENT, IN WHOLE OR PART. NO PROMISES OR ASSURANCES WHETHER WRITTEN OR ORAL, WHICH ARE CONTRARY TO OR INCONSISTENT WITH THE TERMS OR THIS PARAGRAPH CREATE ANY CONTRACT OF EMPLOYMENT.

WORK HISTORY (Please list in order with most recent employer first)**Note: Must be completed even if attaching a personal resume** **Resume attached**

Mo./Yr. Started	Mo./Yr. Left	Employer	Type of Business	Title
		Address		Duties
Starting Salary	Leaving Salary	Supervisor's Name	Phone () -	
		Reason for Leaving		
How long were you at the last salary?		If you are still employed here, may we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Mo./Yr. Started	Mo./Yr. Left	Employer	Type of Business	Title
		Address		Duties
Starting Salary	Leaving Salary	Supervisor's Name	Phone () -	
		Reason for Leaving		
Mo./Yr. Started	Mo./Yr. Left	Employer	Type of Business	
		Address		Duties
Starting Salary	Leaving Salary	Supervisor's Name	Phone () -	
		Reason for Leaving		

PROFESSIONAL REFERENCES (Please list only persons we may contact at this time)

Name	Title and Professional Relationship	Phone number and extension
		Work () Home ()
		Work () Home ()
		Work () Home ()

AFFIDAVIT

If employed, I agree to comply with the rules and regulations of the Anderson County Library System. I affirm that all statements and answers are true and correct to the best of my knowledge and that I have not knowingly withheld any information that would affect this application unfavorably. I authorize the Anderson County Library System to conduct any necessary and reasonable investigation with respect to my application and release this Library, my former employers and personal references from any liability from damage caused by giving and receiving information or opinions as to my employment or character. It is understood that any false statements may be considered cause for rejection.

I agree to have a medical examination at Library expense, now or in the future, which may include testing for alcohol, drugs, and communicable diseases. It is understood this application will remain active for consideration for 90 days

APPLICANT'S SIGNATURE _____ **DATE** _____