



# Application for Employment

## ANDERSON COUNTY LIBRARY SYSTEM

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) \_\_\_\_\_

Contact Phone ( ) - \_\_\_\_\_ May we contact you via text?  Yes  No Email address \_\_\_\_\_

If you are under 18 years of age, do you have a work permit?  Yes  No

If you are not a U. S. Citizen, do you have the legal right to work in the United States?  Yes  No Are you a U. S. Military Veteran?  Yes  No

Type of Visa: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Rank at discharge: \_\_\_\_\_

Have you ever been convicted of anything other than a traffic violation?  Yes  No If yes, please describe: \_\_\_\_\_

#### POSITION INFORMATION

Which position are you applying for? \_\_\_\_\_ Date available: \_\_\_\_\_

Type of Employment Preference  Full Time  Part Time  Seasonal If required, would you be able to work  Weekends  Evenings

#### EDUCATION AND TRAINING

Education	Name and Location of School	Major and Minor	Last Year Completed	Did you graduate?	Diploma, Degree, or Certificate Received
High School				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Business or Vocational				<input type="checkbox"/> Yes <input type="checkbox"/> No	
College or University				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Graduate School				<input type="checkbox"/> Yes <input type="checkbox"/> No	

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 resume  Resume attached

Start Date (mm/yy)	End Date (mm/yy)	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		
Start Date (mm/yy)	End Date (mm/yy)	Employer	Type of Business	Title
		Address		Duties
Starting Salary	Leaving Salary	Supervisor's Name	Phone (     )     -	
		Reason for Leaving		
Start Date (mm/yy)	End Date (mm/yy)	Employer	Type of Business	Title
		Address		Duties
Starting Salary	Leaving Salary	Supervisor's Name	Phone (     )     -	
		Reason for Leaving		

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

Name	Title and Professional Relationship	Phone number, including extension (     )     -
Name	Title and Professional Relationship	Phone number, including extension (     )     -
Name	Title and Professional Relationship	Phone number, including extension (     )     -

**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