



APPLICATION FOR EMPLOYMENT

Administrative Offices:
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SANDHILL REGIONAL LIBRARY SYSTEM (SERVING ANSON, HOKE, MONTGOMERY, MOORE AND RICHMOND COUNTIES)

<http://www.srls.info/>

An Equal Opportunity Employer

Please Type or Print Clearly in Ink

PERSONAL AND GENERAL HISTORY

Name _____ S.S. Number _____
First M.I. Last

Address _____ Phone _____
Street

_____ City State ZIP

Position(s) Applying For _____ Full-Time Part-Time

If Part-Time, Days and Hours Available _____

Date Available to Begin Work _____ Salary Requirement _____

Email Address _____

Do you have any health-related conditions that might interfere with your ability to perform the duties of the job for which you are applying? YES NO

Have you ever been known by any other name(s) which we will require to verify any of the information contained in this application? YES NO If yes, give name(s) and identify the related school, employer, etc.

Have you ever been employed by this library system? YES NO If yes, please complete:
Library _____ Employed From _____ To _____

Are you related by blood or marriage to any person now employed by this library system?
YES NO If yes, give name and relationship _____

How were you referred to this Library?
 Voluntary Want AD State Employment Office Library Employee Other

Have you ever been convicted of an offense other than a minor traffic violation?

YES NO If yes, give date, place and nature of conviction _____

MILITARY RECORD

Have you served in the Armed Forces? YES NO If yes, what branch? _____

Date of active service: From _____ To: _____
Month Day Year Month Day Year

Rank at Discharge _____

EMPLOYMENT RECORD

In the space below give your employment history, beginning with your present or most recent employer and list all positions held, including part-time. Details on any period of unemployment must be included. If additional space is required, please attach additional sheets

Name of Employer	Address	Phone
Employed (Mo. & Yr.) From: _____ To: _____	Salary Starting at Termination or Present	Name of Supervisor
Job Title and Duties		Reason for leaving
Name of Employer	Address	Phone
Employed (Mo. & Yr.) From: _____ To: _____	Salary Starting at Termination or Present	Name of Supervisor
Job Title and Duties		Reason for leaving
Name of Employer	Address	Phone
Employed (Mo. & Yr.) From: _____ To: _____	Salary Starting at Termination or Present	Name of Supervisor
Job Title and Duties		Reason for leaving
Name of Employer	Address	Phone
Employed (Mo. & Yr.) From: _____ To: _____	Salary Starting at Termination or Present	Name of Supervisor
Job Title and Duties		Reason for leaving

If currently employed, may your employer be contacted for a reference? Yes No

Have you ever held a supervisory position? Yes No

If yes, where? _____

How many employees supervised? _____

Have you ever been dismissed or forced to resign from a position? Yes No

If yes, give details _____

Will you accept employment involving some travel? Yes No

If yes, do you have the use of a car? Yes No

Are you willing to drive a bookmobile? Yes No

Will you accept employment involving irregular hours and work on Saturday and Sunday?
Yes No

Will you accept employment anywhere in this library system? Yes No If No, mark acceptable
counties: Anson Hoke Montgomery Moore Richmond

REFERENCES

List three persons who are not related to you are who have a definite knowledge of your qualifications for the position for which you are applying. Do not repeat names or supervisors listed under employment record.

Name	Address & Phone	Occupation	Email Address

If any pertinent items have not been covered above, use this space for additional comments:

Please read carefully before signing:

I certify that the information given by me in this application is true and complete. I understand and agree that any misrepresentation, false information, or concealment of fact is sufficient grounds for either immediate discharge without recourse or refusal of employment by the library.

I understand and agree that the library may verify all information furnished in this application. I hereby authorize all individuals and organizations named or referred to in this application to give the library all information relative to my employment, work habits, and character and hereby release such individuals, organizations, and the Sandhill Regional Library System from any liability for any claim, which may result.

Applicant's Signature

Date