



PLEASE PRINT or TYPE ALL INFORMATION REQUESTED EXCEPT SIGNATURE AND PAGE 5



**APPLICATION FOR EMPLOYMENT**

PLEASE COMPLETE PAGES 1-6. DATE \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle Maiden

Present address \_\_\_\_\_  
Number Street City State Zip

How long \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_

Email address: \_\_\_\_\_

If under 18, please list age \_\_\_\_\_

Position applied for (1) \_\_\_\_\_  
 Salary desired (2) \_\_\_\_\_  
 (Be specific)

Days/Hours available to work  
 No Preference \_\_\_\_\_  
 Mon \_\_\_\_\_ Thur \_\_\_\_\_  
 Tue \_\_\_\_\_ Fri \_\_\_\_\_  
 Wed \_\_\_\_\_ Sat \_\_\_\_\_  
 (The Library is closed on Sundays)

How many hours can you work weekly? \_\_\_\_\_ Can you work nights? \_\_\_\_\_

Employment desired     FULL-TIME ONLY     PART-TIME ONLY     FULL OR PART-TIME

When would you be available to start?  
 \_\_\_\_\_

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. or Trade School				
Professional School				

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APPLICATION FOR EMPLOYMENT

DO YOU HAVE A DRIVER'S LICENSE?  Yes  No

Driver's license number \_\_\_\_\_ State of issue \_\_\_\_\_ Expiration date \_\_\_\_\_

What is your means of transportation to work? \_\_\_\_\_

Operator  Commercial (CDL) Chauffeur

Have you had any accidents during the past three years? \_\_\_\_\_ How many? \_\_\_\_\_

Have you had any moving violations during the past three years? \_\_\_\_\_ How Many? \_\_\_\_\_

Additional Skills

Typing  Yes  No \_\_\_\_\_ WPM      10-key  Yes  No      Word Processing  Yes  No \_\_\_\_\_ WPM

Personal Computer  Yes  No      PC  Mac  Other Skills \_\_\_\_\_

Please list two references other than relatives or previous employers.

Name _____	Name _____
Position _____	Position _____
Company _____	Company _____
Address _____	Address _____
Telephone (____) _____	Telephone (____) _____

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.

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**APPLICATION FOR EMPLOYMENT**

**MILITARY**

HAVE YOU EVER BEEN IN THE ARMED FORCES?  Yes  No

ARE YOU NOW A MEMBER OF THE NATIONAL GUARD?  Yes  No

Specialty \_\_\_\_\_ Date Entered \_\_\_\_\_ Discharge Date \_\_\_\_\_

**Work Experience** Please list your work experience for the **past five years** beginning with your most recent job held.  
 If you were self-employed, give firm name. **Attach additional sheets if necessary.**

Name of Employer Address City, State, Zip Code Phone Number	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
	Your last job title		

Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

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May we contact your present employer?     Yes     No

Did you complete this application yourself     Yes     No

If not, who did? \_\_\_\_\_

Please tell us about yourself and why the library should hire you for this position.  
This should be handwritten.

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**FLINT RIVER REGIONAL LIBRARY SYSTEM ~ APPLICATION FOR EMPLOYMENT**

*PLEASE READ CAREFULLY*

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**APPLICATION FORM WAIVER**

In exchange for the consideration of my job application by FLINT RIVER REGIONAL LIBRARY SYSTEM (hereinafter called "the Library"), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Library practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of FLINT RIVER REGIONAL LIBRARY SYSTEM, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the President /General Manager of the Library. Both the undersigned and FLINT RIVER REGIONAL LIBRARY SYSTEM may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Library may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Library permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Library from any liability as a result of such contract.

I further understand that my employment with the Library shall be probationary for a period of sixty (60) days, and further that at any time during the probationary period or thereafter, my employment relation with the Library is terminable at will for any reason by either party.

**Signature of Applicant** \_\_\_\_\_ **Date:** \_\_\_\_\_

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*This Library System is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability.*

**Thank you for completing this application form and for your interest in  
THE FLINT RIVER REGIONAL LIBRARY SYSTEM.**