

SATILLA REGIONAL LIBRARY SYSTEM

Employment Application (Please fill out completely)

Applicant Information															
Full Name:						Date:									
<i>Last</i>				<i>First</i>			<i>M.I.</i>								
Address:															
<i>Street Address</i>						<i>Apartment/Unit #</i>									
<i>City</i>						<i>State</i>			<i>ZIP Code</i>						
Phone:		()				E-mail Address:									
Date Available:						Desired Salary:			\$						
Position Applied for:		Full-time				Part-time									
Are you authorized to work in the U. S.?				YES <input type="checkbox"/>		NO <input type="checkbox"/>		Can you lift up to 35 pounds?				YES <input type="checkbox"/>		NO <input type="checkbox"/>	
Have you ever worked for this library?				YES <input type="checkbox"/>		NO <input type="checkbox"/>		If yes, when?							
Have you ever been convicted or pled no contest to a misdemeanor or felony?				YES <input type="checkbox"/>		NO <input type="checkbox"/>									
If yes, explain:															
Education															
High School:				Address:											
From:		To:		Did you graduate?		YES <input type="checkbox"/>		NO <input type="checkbox"/>		GED					
College:				Address:											
From:		To:		Did you graduate?		YES <input type="checkbox"/>		NO <input type="checkbox"/>		Degree:					
Other:				Address:											
From:		To:		Did you graduate?		YES <input type="checkbox"/>		NO <input type="checkbox"/>		Degree:					
References															
<i>Please list three professional references.</i>															
Full Name:				Relationship:											
Company:						Phone: ()									
Address:															
Full Name:				Relationship:											
Company:						Phone: ()									
Address:															
Full Name:				Relationship:											
Company:						Phone: ()									
Address:															

Computer Skills & Experience (give detail)					
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Previous Employment

Company:				Phone:	()
Address:				Supervisor:	
Job Title:			Starting Salary:	\$	Ending Salary: \$
Responsibilities:					
From:		To:		Reason for Leaving:	
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>

Company:				Phone:	()
Address:				Supervisor:	
Job Title:			Starting Salary:	\$	Ending Salary: \$
Responsibilities:					
From:		To:		Reason for Leaving:	
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>

Company:				Phone:	()
Address:				Supervisor:	
Job Title:			Starting Salary:	\$	Ending Salary: \$
Responsibilities:					
From:		To:		Reason for Leaving:	
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>

Military Service

Branch:				From:		To:	
Rank at Discharge:			Type of Discharge:				
If other than honorable, explain:							

Disclaimer and Signature

*I certify that my answers are true and complete to the best of my knowledge.
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.*

Signature:				Date:	
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