

EMPLOYMENT

EQUAL OPPORTUNITY EMPLOYER

It is the policy of the Library System that no person shall be denied the right of employment or advancement on the basis of political or religious affiliation, race, sex, age, national origin, color, disability or veteran status.

(Print Clearly and Fill Out Application Fully and Completely)

PERSONAL INFORMATION DOB:

Last		First	Mido	dle Initial
turrant Address				
Current Address	Street	City	State	Zip
ow long have you l	ived at this address?	Phone () -	Email	
revious Address				
	Street	City	State	Zip
re you a Citizen of	the United States?	If no, are you authorized to	work in the United St	ates?
ob(s) applied for	1	Rate of pay expected	\$ p	er
	2	Rate of pay expected	<u>\$</u>	er
an you physically p	erform duties of the job for	or which you are applying? Checl	k one. Yes	No
no, please explain.				
		ine Bluff / Jefferson County Librar		ne. Yes No_
yes, dates employe	ed	Position held		
ave you previously	performed library duties?	Position held	orary, its location, the	amount of time
ave you previously orked there, and th	performed library duties? e duties you performed.	If yes, specify the name of the lib	orary, its location, the	amount of time
ave you previously orked there, and th hired, on what date	performed library duties? e duties you performed. e will you be available to s	PIf yes, specify the name of the lib	orary, its location, the	amount of time
ave you previously orked there, and th hired, on what date hired, do you have	performed library duties? e duties you performed. e will you be available to some	If yes, specify the name of the like	orary, its location, the	amount of time
ave you previously orked there, and th hired, on what date hired, do you have	performed library duties? e duties you performed. e will you be available to some	ortation to get to work? Check one	orary, its location, the	amount of time
lave you previously orked there, and the hired, on what date hired, do you have	performed library duties? e duties you performed. e will you be available to s reliable means of transpo	ortation to get to work? Check one	e. Yest the Library.	amount of time
Have you previously worked there, and the factor on what date factor fac	performed library duties? e duties you performed. e will you be available to s reliable means of transpo	ortation to get to work? Check one	e. Yes t the Library. nt or emergency	amount of tin

Relationship

EDUCATION

Type of School	Name of Institution	Years Attended	Graduated
High School			Yes? No?
College			Yes? No?
Other			Yes? No?

Type of School		ool	Name of Institution		Years Attended	Gra	aduated		
High School						Yes?	No?		
College						Yes?	No?		
Other						Yes?	No?		
Prio	R W O	ol Graduate, do you RK HISTORY your last or present	,				No		
Dates			Rate of Pay				December		
Start	End	Name of Employer	Start	End	Supervisor's Nam	ne r	Reason for Leaving		
Otart	Liid			Otart	Liid				
Da	ates	Name of I		Rate	of Pay	Companie and a Name	R	Reason for	
Start	End	Name of I	-mployer	Start	End	Supervisor's Nam	ie	Leaving	
Give jo	b title and	describe in detail the	e work periormea.						
Dates				Rate of Pay			R	Reason for	
Start	End	Name of Employer		Start	End	Supervisor's Nam	ie .	Leaving	
Prof	essic		nces OYERS OR PERS	ONAL RE	FERENC	CES IN THIS SECTION			
	Name	& Occupation	A	ddress		Phone	Em	nail	
-									

Name & Occupation	Address	Phone	Email

PLEASE READ CAREFULLY

APPLICANT'S CERTIFICATION AND AGREEMENT

I understand that this application does not create any contractual or other legal rights. It does not alter the atwill employment status nor does it create an employment contract for any specific period of time.

I certify that I have made no willful misrepresentations in this application nor have I withheld information in my statements and answers to questions. I am aware that the information given by me in my application may be investigated, and I so give my full permission to do so. I know that any misrepresentations may cause my application to be rejected or my employment terminated.

I authorize any former employer to release to the Pine Bluff / Jefferson County Library System, or its authorized representative, any and all employment records and other information it may have about my employment. I understand that the information will be used for the purpose of evaluating my application and a background check for employment with the Library System. A photocopy of this authorization shall be as valid as the original.

I understand that employment is at the discretion of the Library System, subject to approval by the Library Director. I understand that this application is the property of the Library System and will become a part of my file if I am accepted for employment.

Signature of Applicant	Date
	Do Not Write Below This Line
	EMPLOYMENT AGREEMENT
System, under the jurisdiction of the Library	he Pine Bluff / Jefferson County Library System at the discretion of the Library / Board of Trustees, under the direction of the Library Director. I understand as stated below, but may be changed under the terms listed in the Staff
	has been hired by the Pine Bluff / Jefferson County
Library System effective	, with the status of
	Director or Authorized Signature