

NAME :

*Please complete entire Application for Employment carefully, accurately, and legibly.*

LINEBAUGH PUBLIC LIBRARY SYSTEM  
***Murfreesboro • Smyrna • Eagleville • MGL***  
APPLICATION FOR EMPLOYMENT

Library policy is to comply with applicable federal, state, and local laws and to provide an equal employment opportunity for all applicants for employment by hiring the individual who, based upon relevant factors including work quality, attitude, and experience, and excluding non-work related factors including race, color, religion, creed, sex, national origin, disability, or political affiliation, appears to the Library to be the best qualified for the job. This equal employment opportunity policy applies to all Library employment practices.

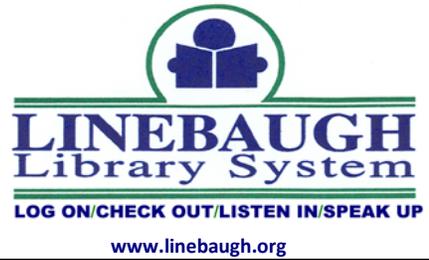
**BEFORE completing this Application for Employment, read the job description for the job for which you are applying. This Application will be considered for this job opening ONLY. If you wish to be considered for any other job opening with the Library System, you will need to reapply at that time.**

The Library has a duty to provide, and will provide, reasonable accommodations to any person with a disability who requests one as part of the hiring process. The hiring process involves reading the job description and this Application for Employment, making written responses to this Application for Employment and participating in oral interviews. If testing is a part of the hiring process for this position, the test is described in the job description. If you wish to request an accommodation for the hiring process, please check the appropriate box below and describe the accommodation requested and the reasons for the request below and speak with the Director before completing the rest of the Application for Employment. I understand that this Application for Employment, and the records of any such investigations or tests, are public records which the Library cannot, as a matter of law, keep confidential.

Accommodation needed?      **YES**      **NO**

# APPLICATION FOR EMPLOYMENT

**LINEBAUGH PUBLIC LIBRARY SYSTEM WILL ONLY  
ACCEPT APPLICATIONS FOR POSTED VACANCIES.**



Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or the presence of a non-job-related medical condition or handicap. PLEASE PRINT OR TYPE.

Date of Application: \_\_\_\_\_

Position(s) Applied For: \_\_\_\_\_

Library/Location: \_\_\_\_\_

Referral Source:  Advertisement  Friend  Relative  Other  
(mark any that apply)  Employment Agency  Walk-In  Library Website \_\_\_\_\_

Name \_\_\_\_\_  
LAST FIRST MIDDLE

Address \_\_\_\_\_  
NUMBER STREET CITY STATE ZIP

Telephone \_\_\_\_\_ Email \_\_\_\_\_  
AREA CODE

If employed and you are under 18, can you furnish a work permit?  YES  NO

Have you filed an application here before?  YES  NO If YES, give date \_\_\_\_\_

Have you ever been employed here before?  YES  NO If YES, give date \_\_\_\_\_

Are you employed now?  YES  NO May we contact your present employer?  YES  NO

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?  YES  NO  
(Proof of citizenship or immigration status may be required upon employment.)

On what date would you be available for work? \_\_\_\_\_

Are you available to work:  Full Time  Part-Time  Evenings  Weekends

If related by blood/marriage to a current employee in the Library System or a member of the Library Board, state their name/relationship. \_\_\_\_\_

Have you been convicted of a felony within the last 7 years?  YES  NO  
(Conviction will not necessarily disqualify applicant from employment.)

If YES, please explain: \_\_\_\_\_

*NOTE: You are encouraged to attach a resume and/or cover letter to your application form; however, please note that all sections of the application form must be completed in their entirety. Do not use phrases such as "see resume"; simply referring to the attached resume is not sufficient.*

# EMPLOYMENT EXPERIENCE

Start with your present or last job. Include military service assignments and volunteer activities. Exclude organization names which indicate race, color, religion, sex or national origin. Do not leave any blanks.

1.

Employer	Telephone	Dates Employed		Work Performed
		From	To	
Address				
Job Title		Hourly Rate/Salary		
Supervisor		Starting	Final	
Reason for Leaving				

2.

Employer	Telephone	Dates Employed		Work Performed
		From	To	
Address				
Job Title		Hourly Rate/Salary		
Supervisor		Starting	Final	
Reason for Leaving				

Employer	Telephone	Dates Employed		Work Performed
		From	To	
Address				
Job Title		Hourly Rate/Salary		
Supervisor		Starting	Final	
Reason for Leaving				

If you need additional space, please continue on a separate sheet of paper.

We may contact the employers listed above unless you indicate those you do not want us to contact.	DO NOT CONTACT
	Employer Number(s) :
	Reason:

All offers of employment are conditioned upon the right to work in the United States and proof of such right may be required at the time employment begins.

List any volunteer or work experience you have working with or serving the public.

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List professional, trade, business or civic activities and offices held.

(You may exclude those which indicate race, color, religion, sex, or national origin):

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Give name, email address, and telephone number of **three references** who are not related to you and are not previous employers:

NAME	EMAIL ADDRESS & PHONE NO.	BUSINESS OR OCCUPATION

**Special Skills and Qualifications (typing, computer, calculator, etc.)**

Summarize special skills and qualifications acquired from employment or other experience:

**Additional Languages**

Summarize any additional languages that you can speak, read and/or write:

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# EDUCATION

	High	College/University	Graduate/Professional
School Name:			
Years Completed: (circle or X)	9   10   11   12	1   2   3   4	1   2   3   4
Diploma/Degree			
Describe Course of Study:			
Describe Specialized Training, Apprenticeship, Skills, and Extra-Curricular Activities:			

Honors Received:

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State any additional information you feel may be helpful to us in considering your application.

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### Applicant's Statement & Release Authorization

I hereby affirm that my answers to the foregoing questions are true and correct, and that I have not knowingly withheld any fact or circumstance that would, if disclosed, affect my application unfavorably. I also understand that any false information submitted in the application may result in my discharge, if I am employed, and that my employment may be subject to passing a physical examination successfully.

I authorize the Library to communicate with schools, references, former employers (unless otherwise noted), and any others with whom it desires, and agree to hold such persons harmless with respect to any information they may give. I hereby release the Library from any liability of damage that may result from furnishing the information requested. I understand that this Application for Employment, and the records of any such investigations or test, are public records which the Library cannot, as a matter of law, keep confidential.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

#### FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview      Yes      No

Remarks

Employed      Yes      No      Date of Employment

Job Title      Hourly Rate/Salary      Department

By:

Name and Title

Date

# Applicant Data Record

Applicants are considered for all positions, and employees are treated during employment without regard to race, color, religion, sex, national origin, age, marital or veteran status, medical condition or handicap.

As employers/government contractors, we comply with government regulations and affirmative action responsibilities.

Solely to help us comply with government record keeping, reporting and other legal requirements, please fill out the Applicant Data Record. We appreciate your cooperation.

This data is for periodic government reporting and will be kept in a Confidential File separate from the Application for Employment.

(PLEASE PRINT OR TYPE)

Date \_\_\_\_\_

Position(s) Applied For: \_\_\_\_\_

Referral Source:  Advertisement  Friend  Relative  Walk-in  
(mark "x")  Employment Agency  Library Website  Other \_\_\_\_\_

## Affirmative Action Survey

Government agencies require periodic reports on the sex, ethnicity, handicapped and veteran status of applicants. This data is for analysis and affirmative action only. Submission of information is **VOLUNTARY**.

Mark one:  Male  Female

Mark one of the following:

Race/Ethnic Group:  White  Black  Hispanic  
 American Indian/Alaskan Native  Asian/Pacific Islander

Mark if any of the following are applicable:

Vietnam Era Veteran  Disabled Veteran  Handicapped Individual