

Thomasville Public Library

Application For Employment

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.

(Please Print)

Date of Application _____

Position(s) Applied For _____

Name _____

Address _____

Telephone _____ Social Security # _____

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 _____

On what date would you be available for work? _____

Are you available to work Full Time Part Time Temporary

Can you travel if a job requires it? Yes No

Special Skills and Qualifications

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

Veteran of the U.S. Military service? () Yes () No If Yes, Branch _____

List professional, trade, business or civic activities and offices held. (You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, or handicap or other protected status)

Education

High School

School Name: _____

Years Completed/Degree : 9 10 11 12

Diploma/Degree _____

Describe Course of Study:

College/University

School Name: _____

Years Completed/Degree : 1 2 3 4

Diploma/Degree _____

Describe Course of Study:

Graduate/Professional

School Name: _____

Years Completed/Degree : 1 2 3 4

Diploma/Degree _____

Describe Course of Study:

Describe Specialized Training, Apprenticeship, Skills and Extra Curricular Activities:

Employment Experience

Start with your present or last job. Include military service assignments and volunteer activities. You may exclude organization names which indicate race, color, religion, gender, national origin, handicap or other protected status.

1)Employer: _____ Phone _____

Address: _____

Job Title: _____ Supervisor: _____

Dates Employed (From/to): _____

Work Performed: _____

Reason For Leaving: _____

2)Employer: _____ Phone _____

Address: _____

Job Title: _____ Supervisor: _____

Dates Employed (From/to): _____

Work Performed: _____

Reason For Leaving: _____

3)Employer: _____ Phone _____

Address: _____

Job Title: _____ Supervisor: _____

Dates Employed (From/to): _____

Work Performed: _____

Reason For Leaving: _____

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

The applicant understands that neither this document nor any offer of employment from the employer constitute an employment contract unless a specific document to that effect is executed by the employer and employee in writing.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date