



Union County Carnegie Library
300 East South Street
Union, SC 29379

APPLICATION FOR EMPLOYMENT

NOTE: This application will not be retained or considered unless all items are filled in completely and clearly. Please print or type.

Please let us know if you require an accommodation in completing this application.

PERSONAL INFORMATION *(Please print or type.)*

Name _____

Address _____
(street) (city) (state) (zip code)

Telephone No _____ Best time to call you at home is _____

May we contact you at work? Yes No If Yes, work number and time to call _____

Specify any other name you have used in connection with employment or education: _____

Are you at least 16 years of age? Yes No *(The library does not employ anyone under the age of 16.)*

Are you legally eligible to work in the US? Yes No *(Proof of citizenship or immigration status will be required upon employment.)*

If presently employed, why are you considering leaving? _____

AVAILABILITY

Do you now work for UCCL?
 Yes No

Are you related by blood or marriage to any person now working for UCCL?
 Yes No

Are you a former UCCL employee?
 Yes No If yes, list Dates _____

Do you have friends or associates now working for the Library?
 Yes No
(If yes, give name, relationship to you, and the branch/dept. where employed)

Position Held _____

Supervisor _____

Do you prefer: _____ Full time _____ Part time

Have you seen the full page posting for this position? Yes No. If Yes, can you meet the scheduling and other requirements? Yes No

Are there any days or hours you are unable to work? Yes No

If yes, please specify: _____

Are you available to meet the year-round schedule requirements of the position as listed? Yes No

Do you have the ability to perform the essential functions of this position, with or without accommodation? Yes No

POSITION APPLIED FOR

Enter below the specific position for which you are applying. Please list no more than one job on this application.

Name _____ (last)

(first)
Date _____
Position _____

EDUCATION (Completion of 10th grade is minimum requirement for Library employment.)

Type	Name of School	Location (City, State)	Area of Concentration	Circle Last Yr. Completed			Did you Graduate	Diploma, Degree or Certificate Received	
				10th	11th	12th			
High School							<input type="checkbox"/> Yes <input type="checkbox"/> No		
College				1	2	3	4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other Education				1	2	3	4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other Education				1	2	3	4	<input type="checkbox"/> Yes <input type="checkbox"/> No	

SKILLS

CHECK the following skills, experiences, etc. which you have:

- | | | |
|---|--|---|
| <input type="checkbox"/> Automated Library System (SIRSI) | <input type="checkbox"/> Adding machines/calculator | <input type="checkbox"/> Driver's License |
| <input type="checkbox"/> Proof Reading | <input type="checkbox"/> Typing (specify WPM) _____ | <input type="checkbox"/> Commercial License |
| <input type="checkbox"/> Sign Language | <input type="checkbox"/> Multi-Line Telephone System | <input type="checkbox"/> HVAC |
| <input type="checkbox"/> Foreign language (specify) | <input type="checkbox"/> Other _____ | |

Have you ever been convicted of an offense against the law other than a minor traffic violation? Yes No
(If Yes, explain fully on an additional sheet.)

Computer Skills:

MS Office:	PC <input type="checkbox"/>	Internet: If so, what level?	Desktop Publishing? Which programs:
WORD <input type="checkbox"/>	MAC <input type="checkbox"/>	Beginner <input type="checkbox"/>	_____
Excel <input type="checkbox"/>		Intermediate <input type="checkbox"/>	_____
Access <input type="checkbox"/>	Email <input type="checkbox"/>	Advanced <input type="checkbox"/>	_____

Please describe in detail any other computer skills you have:

REFERENCES: List persons who know about your qualifications and work. Preferably list people other than friends and relatives.

Name and E-mail Address	Telephone No.	How do you know them? (supervisor, co-worker, client, teacher, etc.)
1.		
2.		
3.		

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. *Use extra sheet if more space is needed.*

Name & Company Location	From		To		Starting	Last	Reason for Leaving	Name of Supervisor
	Mo	Yr	Mo	Yr	Salary	Salary		
Telephone							Permission to contact Employer? Y or N	
Type of Business								
Describe the work you did:								
Job Title _____	Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> If part-time, how many hours worked per week? _____							

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Job Title _____	Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> If part-time, how many hours worked per week? _____							

Account for any full month since leaving school (high school or college) that you were not working:

	From	To	Reason
Mo/Yr			
Mo/Yr			

NOTICE

Applicants are considered regardless of race, color, age, sex, religion, national origin, sexual orientation, marital or veteran status, physical or mental disability or other protected classification as defined by applicable law and regulation.

Applicant's Statement

The following points are very important. Please read them carefully before signing this application.

I understand that consideration for employment at the Library is contingent upon the results of a background and reference check. Information given in my application/resume and interview will be checked for accuracy of data furnished and for past performance record.

I authorize the Library to make such investigations and inquiries of my personal, employment, educational and related matters as may be necessary in arriving at its employment decision. I release employers, schools, and persons contacted from all liability in responding to inquiries in connection with my application for employment.

In making this application for employment, it is understood that, depending upon the position for which I am applying, a background investigation of my criminal, credit or driving history may be made, whereby information is obtained through personal contact with individuals with whom I am acquainted. Inquiries will include checking records that can include information as to character, general reputation, personal characteristics and mode of living. I will provide the information required to initiate these reports. I have the right to make a written request within a reasonable period of time to receive additional, detailed information about the nature and scope of this background investigation.

Criminal record checks require date of birth and Social Security number, which will be asked upon offer of employment. Such offers will be conditional based on results of the check. I understand all such reports will be held in strictest confidence.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the employee may resign at any time and the employer may discharge employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

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

DRUG TESTING IS PART OF OUR HIRING PROCESS.

CERTIFICATE OF APPLICATION

I hereby certify that all statements made in this application and any attachments are true. I understand that any misstatement, misrepresentation or omission of fact may be cause for my application not to be considered; or, if I have been employed, may be cause for my immediate dismissal. I authorize the Public Library of Union County or designee to verify information contained in this application and attachments. I further authorize anyone having such information to release it. I further agree to a physical examination if required as a condition of employment.

Signature of Applicant

Date

4/2011