

Dear Applicant:

Thank you for choosing the Central Mississippi Regional Library System to help you meet your employment and career goals. We appreciate the time you are taking to complete our standard application process.

The Central Mississippi Regional Library System is committed to providing a safe and comfortable environment for our employees, our patrons and our community, as well as offering all employees the security of knowing their coworkers are as trustworthy, safety oriented, and drug-free as they are.

In order to meet these safety and security goals, the Central Mississippi Regional Library System (with your written authorization) also conducts a thorough background screening. If you are considered for employment, please note that some or all of the following employment screenings will be performed:

CMRLS will conduct a CRIMINAL RECORDS CHECK.

CMRLS will contact PREVIOUS EMPLOYERS AND EDUCATION OFFICIALS.

CMRLS will verify your PROFESSIONAL LICENSE AND CREDENTIALS (if appropriate).

CMRLS will check your DRIVING RECORD (if your job involves driving a company or private vehicle).

CMRLS will check your EMPLOYMENT CREDIT REPORT (if appropriate).

CMLRS may request additional levels of background screening when appropriate.

With this in mind, if there are any issues that you feel need to be resolved before you submit your application and are considered for employment, please discuss them with us or return at another time to complete your initial paperwork.

ALSO, PLEASE COMPLETE THE APPLICATION FULLY. BLANK FIELDS WILL NOT BE ACCEPTED.

Again, thank you for considering the Central Mississippi Regional Library System!

Updated April 23, 2014

Name _____

CMRLS

Employment Application

Central Mississippi Regional Library System • 100 Tamberlin Street • P.O. Box 1749 • Brandon, Mississippi 39043

Hours You Are Available to Work:

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or the presence of non-job-related medical condition or handicap.

(ANSWER ALL QUESTIONS – PLEASE PRINT)

Date of Application _____

Name _____
Last First Middle

Address _____
Number Street City State Zip

Phone Number Area Code () - Social Security Number _____

Are You at least 16? _____ Are you known to school /references by another name? ☐ Yes ☐ No

If yes, by what name? _____

In case of accident or emergency, please notify :

Name: _____

Address: _____

Phone Number: _____ Relationship _____

EMPLOYMENT INTEREST

Position(s), Type of work applied for _____

Referred By: _____

Are You Available to work? ☐ Full Time ☐ Part Time ☐ Nights ☐ Weekends

Date Available _____ For How Long? _____

Have you previously: ☐ Filed an application Or ☐ Been employed here? ☐ Yes ☐ No

If yes, list: Dates _____ Position/Location _____

Name/Relationship of Friends/Relatives Employed Here _____

Are you on lay-off and subject to recall? _____ Can you travel if a job requires it? _____

AN EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER

Have you ever been denied bond? ☐ Yes ☐ No If Yes, please explain _____

Have you ever been convicted of a felony? ☐ Yes ☐ No If Yes, describe in full, including date(s):

EDUCATION

	High School or GED	Business/Trade School	College/University	Graduate/Professional
School Name, Address				
Dates From: To:				
Years Completed: (Circle)	9 10 11 12	1 2 3 4	1 2 3 4	1 2 3 4
Diploma/Degree				
Describe Course of Study: (Majors, Minors, etc.)				
Describe Specialized Training, Apprenticeship, Skills, and Extra-Curricular Activities				

Honors Received: _____

Do you plan to further your education? _____ If so, when? _____

EMPLOYMENT EXPERIENCE/SKILLS

List each job held. Start with your present or last job, and go back from there. Account for ALL time during the past five years including periods of unemployment, military service assignments and volunteer activities.

DATES	NAME AND ADDRESS OF EMPLOYER	DESCRIPTION OF DUTIES
From ____ Mo ____ Yr To ____ Mo ____ Yr Part Time <input type="checkbox"/> Full Time <input type="checkbox"/>	Name _____ Address _____ _____ Name of Supervisor _____ Title of Supervisor _____	Title _____ Duties _____ _____ _____ Final Salary _____ Reason for Leaving _____
From ____ Mo ____ Yr To ____ Mo ____ Yr Part Time <input type="checkbox"/> Full Time <input type="checkbox"/>	Name _____ Address _____ _____ Name of Supervisor _____ Title of Supervisor _____	Title _____ Duties _____ _____ _____ Final Salary _____ Reason for Leaving _____
From ____ Mo ____ Yr To ____ Mo ____ Yr Part Time <input type="checkbox"/> Full Time <input type="checkbox"/>	Name _____ Address _____ _____ Name of Supervisor _____ Title of Supervisor _____	Title _____ Duties _____ _____ _____ Final Salary _____ Reason for Leaving _____
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From ____ Mo ____ Yr To ____ Mo ____ Yr Part Time <input type="checkbox"/> Full Time <input type="checkbox"/>	Name _____ Address _____ _____ Name of Supervisor _____ Title of Supervisor _____	Title _____ Duties _____ _____ _____ Final Salary _____ Reason for Leaving _____

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

May we contact your present employer? ☐ Yes ☐ No

Driver's License Number _____ Issuing State _____ Expires _____

List hobbies and special interests, skills, or qualifications acquired from employment or other experience (typing, shorthand; office machines, library usage, etc.)

REFERENCES

Give Name, Address and Phone Number of Three References Not Related To You:

Name	Address	Telephone	Relation to You

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

Agreement

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

Signature of Applicant

Date