## AZALEA REGIONAL LIBRARY SYSTEM APPLICATION FOR EMPLOYMENT

LIBRARY & POSITION:	DATE:
NAME:	TELEPHONE:
CURRENT ADDRESS:	
EMAIL ADDRESS:	
IF SELECTED FOR EMPLOYMENT ARE YOU BACKGROUND CHECK? YES NO	WILLING TO SUBMIT TO A
ARE YOU LEGALLY ELIGIBLE FOR EMPLOY YES NO	MENT IN THE UNITED STATES?
ARE YOU A VETERAN? YES NO	
AVAILABLE START DATE:	
HAVE YOU BEEN PREVIOUSLY EMPLOYED	BY OUR SYSTEM? YES NO
How many hours per week would you be able/like	to work?
Are you able to meet year-round schedule requirem	nents? Yes No
AVAILABILITY:	
Evening hours? Yes No Daytime hour	rs (morning & afternoon)? Yes No
Saturday hours? Yes No Sunday hour	rs? Yes No
EDUCATION/EXPERIENCE:	
HIGH SCHOOL:	GRADUATED? YesNo
COLLEGE:	
DEGREE:	
OTHER TRAINING:	
CERTIFICATIONS:	
SPECIAL SKILLS: (i.e. typing, computer, journali	stic, etc.)

1. Employer name:	City: _	State:
Phone #	Supervisor:	
Dates of employment:	Salary:	
Tob Description:		
2. Employer name:	City: _	State:
Phone #	Supervisor:	
Dates of employment:	Salary:	
Job Description:		
3. Employer name:	City: _	State:
Phone #	Supervisor:	
Dates of employment:	Salary:	
	Salary:	
Job Description: REFERENCES: (Legal adults v	whom we may call for recommendations	
Job Description:  REFERENCES: (Legal adults volume of the second	whom we may call for recommendations  ADDRESS	s (No relatives/family PHONE
Job Description: REFERENCES: (Legal adults v	whom we may call for recommendations	s (No relatives/famil

By signing this application I certify that my answers and true and complete to the best of my knowledge. If this application leads to employment, I understand that false, incorrect, or misleading information detailed on this application or provided in a subsequent interview may result in my employment being terminated.

**SIGNATURE**