



TIPTON COUNTY PUBLIC LIBRARY

Please attach a résumé to your application.

Employment Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Date Available: _____ Social Security No.: _____ Date of Birth : _____

Email Address: _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Are you currently employed YES NO If yes, when? _____

May we contact your present employer? YES NO If yes, please list your supervisor's name _____

Does anyone in your immediate family work for us? YES NO

How did you hear about the job opening: _____

Are you available to work the following? Please circle all that apply
Monday Tuesday Wednesday Thursday Friday Saturday

Are you available to work the following days? Please circle all that apply
Mornings Afternoons Nights Weekends

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

References

Please include the name, phone number, address, email and how you know at least three references. At least two of them cannot be related to you.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Previous Employment

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Disclaimer and Signature

NOTICE: This position requires a criminal background check. Therefore, you may be required to provide information about your criminal history in order to be considered for this position.

By submitting this application, I certify that answers given herein are true and complete.

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

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

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/Employer may terminate this relationship at any time.

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

Signature: _____ Date: _____