

# FAIRFIELD COUNTY LIBRARY

## APPLICATION FOR EMPLOYMENT

DATE \_\_\_\_\_ Social Security No. \_\_\_\_\_

NAME \_\_\_\_\_  
LAST FIRST MIDDLE OR MAIDEN

ADDRESS \_\_\_\_\_  
STREET CITY STATE ZIP CODE

Telephone No. \_\_\_\_\_

Position For Which Applying. \_\_\_\_\_ Date Available: \_\_\_\_\_

Will You Accept: Temporary Work **YES NO** / Part Time Work **YES NO**  
 (Acceptance or refusal of Temporary or Part-Time work will not affect your consideration for other appointments).

Have you ever been convicted of an offense against the law or are you now undercharges for any offense against the law? You may omit (1) Traffic Violations for which you paid a fine of \$50.00 or less; and (2) any offense committed before your 21st birthday which was finally adjudicated in a Juvenile Court or under a Youth Offender Law.

**YES NO** (If your answer is YES, give details on a separate sheet).

**NOTE: A CONVICTION DOES NOT AUTOMATICALLY MEAN YOU CANNOT BE APPOINTED. WHAT YOU WERE CONVICTED OF AND HOW RECENTLY WILL BE EVALUATED IN RELATION TO THE POSITION FOR WHICH YOU ARE APPLYING.**

### Employment History

(Start with your present position and work backwards. Account for periods of unemployment in separate blocks in order). May inquiry be made of your present employer regarding your

Character, Qualifications, and Record of Employment? **YES NO**  
 (Answering NO answer will not affect your consideration for employment).

DATES OF EMPLOYMENT <small>(Month and Year) - FROM TO</small>	EXACT TITLE or POSITION	NUMBER OF EMPLOYEES SUPERVISED
EMPLOYING FIRM		SALARY OR EARNINGS
ADDRESS		STARTING PER
CITY STATE ZIP CODE		ENDING PER
PHONE NO.	AVERAGE HOURS PER WEEK —	

NAME OF IMMEDIATE SUPERVISOR: \_\_\_\_\_

REASON FOR WANTING TO LEAVE: \_\_\_\_\_

DUTIES - RESPONSIBILITIES: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

DATES OF EMPLOYMENT (Month and Year) - FROM TO		EXACT TITLE or POSITION	NUMBER OF EMPLOYEES SUPERVISED
EMPLOYING FIRM		SALARY OR EARNINGS	
ADDRESS		STARTING	PER
CITY	STATE	ENDING	PER
PHONE NO.	AVERAGE HOURS PER WEEK —		

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NAME OF IMMEDIATE SUPERVISOR:

REASON FOR WANTING TO LEAVE:

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DATES OF EMPLOYMENT (Month and Year) - FROM TO		EXACT TITLE or POSITION	NUMBER OF EMPLOYEES SUPERVISED
EMPLOYING FIRM		SALARY OR EARNINGS	
ADDRESS		STARTING	PER
CITY	STATE	ENDING	PER
PHONE NO.	AVERAGE HOURS PER WEEK —		

NAME OF IMMEDIATE SUPERVISOR:

REASON FOR WANTING TO LEAVE:

DUTIES - RESPONSIBILITIES:

## Education and Training

CIRCLE HIGHEST GRADE COMPLETED; GRADE SCHOOL 1 2 3 4 5 6 7 8      HIGH SCHOOL 9 10 11 12	(    ) DIPLOMA (    ) GEO or CORRESPONDENCE COURSE	YEARS COMPLETED
OTHER SCHOOLS or TRAINING: (Trade, Vocational, Military, Business, Etc.)		

COLLEGE	Date Attended FROM	No. HRS. Completed		Degrees / Certificates	YEAR AWD.
		SEM.	QTR.		
				1 <sup>st</sup> .	
MAJOR		MINOR		2 <sup>nd</sup> .	
				3 <sup>rd</sup> .	
				1 <sup>st</sup> .	
MAJOR		MINOR		2 <sup>nd</sup> .	
				3 <sup>rd</sup> .	
				1 <sup>st</sup> .	
MAJOR		MINOR		2 <sup>nd</sup> .	
				3 <sup>rd</sup> .	

List Any School or College Honors: \_ List Any Special Qualifications and Skills: (Licenses, Skills with Machines or Equipment, Public Speaking, Membership in Professional or Scientific Societies, Typing and Shorthand Speed, Etc) \_\_\_\_\_

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List and additional experience, training or education related to position applied for: \_\_\_\_\_

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**REFERENCES:** List three persons who are not related to you and who have knowledge of your qualifications for the position(s) for which you are applying, such as former co-workers, teachers, etc. DO NOT repeat names of Supervisors listed under employment history.-

NAME	BUSINESS OR HOME ADDRESS	BUSINESS OR OCCUPATION

I CERTIFY THAT ALL OF THE STATEMENTS MADE IN THIS APPLICATION ARE TRUE, COMPLETE, AND CORRECT, TO THE BEST OF MY KNOWLEDGE AND BELIEF AND ARE MADE IN GOOD FAITH. I UNDERSTAND THAT FALSE INFORMATION MAY BE GROUNDS FOR REJECTION OF MY APPLICATION.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**FAIRFIELD COUNTY LIBRARY**  
**300 West Washington St.**  
**Winnsboro, SC 29180**  
**(803)-589-8073**

***RELEASE OF INFORMATION AUTHORIZATION FORM***

Please sign the following release of information authorization form:

Authorization is hereby given to investigate my records with past employers, schools, activities, police and FBI records.

I, \_\_\_\_\_ hereby release all  
First Middle/Maiden Last

Sources from all liability.

Please complete:

Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Driver License (State Issued): \_\_\_\_\_

Driver License (Number): \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

**FAIRFIELD COUNTY LIBRARY  
EQUAL EMPLOYMENT OPPORTUNITY**

The following information is requested on a voluntary basis. The information will be used for research and analysis purposes only and will not be used in making any employment decision.

Date: \_\_\_\_\_  
          **Month**  **Day**  **Year**

Name: \_\_\_\_\_  
          **First**  **Middle/Maiden**  **Last**

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Sex: \_\_\_\_\_ Age: \_\_\_\_\_

Race:   Black           White                   Spanish Surnamed  
          American Indian           Other

Position Applied For: \_\_\_\_\_