

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	ZIP CODE		ENDING PER
PHONE NO.	AVERAGE HOURS PER WEEK —			

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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:

Education and Training

CIRCLE HIGHEST GRADE COMPLETED; GRADE SCHOOL 1 2 3 4 5 6 7 8 HIGH SCHOOL 9 10 11 12	<input type="checkbox"/> DIPLOMA <input type="checkbox"/> 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 st .	
MAJOR		MINOR		2 nd .	
				3 rd .	
COLLEGE	Date Attended FROM	No. HRS. Completed		Degrees / Certificates	YEAR AWD.
		SEM.	QTR.		
				1 st .	
MAJOR		MINOR		2 nd .	
				3 rd .	
GRADUATE SCHOOL	Date Attended FROM	No. HRS. Completed		Degrees / Certificates	YEAR AWD.
		SEM.	QTR.		
				1 st .	
MAJOR		MINOR		2 nd .	
				3 rd .	

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)

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

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: _____