

Gardendale – Martha Moore Public Library
APPLICATION FOR EMPLOYMENT

For Personnel use only

Please Read Carefully and Complete By Printing in Ink Or Typing.

We are an equal opportunity employer, and we do not and will not discriminate on the basis of race, religion, national origin, sex, age, handicap, marital status, or status as a disabled veteran. Information provided on this application will not be used for any discriminatory purpose.

Your complete application form will be maintained in our active files 6 months from the date of application. You may submit a new application at any time.

Date of Application _____

Job Applying For _____

Full Time or Part Time (circle)

Hours Available _____

Name: _____

Address: _____ City, State Zip _____

Social Security number: _____

Contact Number: _____ Home Cell Work other _____

Email Address _____

How Were You Referred To Us? (Circle only one.)

A By Your College

B Advertisement

C Employment Agency

D By an Employee- If So, Give Name: _____

E Walk-in

F Other _____

SPECIAL SKILLS

Typing: Yes _____

Computer programs: (ex. Excel, Word...) _____

Other Office Machines: _____

Foreign Language _____

Do you have a working knowledge of the following?

Dewey Decimal System _____

Alphabetization of Books and/or files _____

Counting Money / Making change _____

OTHER SKILLS THAT MIGHT APPLY-

**PLEASE GIVE A BRIEF NARRATIVE ON
‘WHY YOU WOULD LIKE TO WORK HERE’-**

EMPLOYMENT RECORD

Starting with present or most recent, list all previous employers. Include self-employment and summer and part-time jobs. If more space is required, please continue on a separate sheet. You may attach a resume, but complete this application as well.

Last or Present Company: _____

Type of Business: _____

Type or Classification of Job: _____

Street Address: _____

City: _____ State: _____ ZIP: _____

Phone number: _____

Brief Description of Job Duties: _____

Supervisor's Name: _____

Phone number: _____

Dates worked: From _____ To _____

Reason for leaving: _____

Last or Present Company: _____

Type of Business: _____

Type or Classification of Job: _____

Street Address: _____

City: _____ State: _____ ZIP: _____

Phone number: _____

Brief Description of Job Duties: _____

Supervisor's Name: _____

Phone number: _____

Dates worked: From _____ To _____

Reason for leaving: _____

Other Employment or Jobs

EDUCATIONAL HISTORY

High School:

School Name: _____

Location (city, state): _____

Dates Attended: From _____ To _____

Graduated: Yes _____ No _____

Technical/Trade (after high school)

School Name: _____

Location (city, state): _____

Major Course or Subject: _____

Dates Attended: From _____ To _____

Graduated: Yes _____ No _____

Degree: _____

College

School Name: _____

Location (city, state): _____

Major Course or Subject: _____

Dates Attended: From _____ To _____

Graduated: Yes _____ No _____

Degree: _____

Other education/training

School Name: _____

Location (city, state): _____

Major Course or Subject: _____

Dates Attended: From _____ To _____

Graduated: Yes _____ No _____

Degree: _____

OUTSIDE ACTIVITIES

(Exclude those indicating race, color, religion, sex, national origin, age, or handicap.) Professional memberships, certificates, or licenses held

MILITARY RECORD

Branch of Service

From _____ To _____

Present Military Affiliation:

None _____ Reserve (active) _____ Reserve (inactive) _____

Kinds of Training and Duty while in Service:

PROFESSIONAL/WORK REFERENCES

List two past supervisors and one person who is not related to you who have knowledge of your qualifications for the position for which you are applying.

Name: _____
Title/Relationship: _____
Street Address: _____
City: _____ State: _____ ZIP: _____
Phone no. (xxx-xxx-xxxx) _____ email _____
Occupation: _____

Name: _____
Title/Relationship: _____
Street Address: _____
City: _____ State: _____ ZIP: _____
Phone no. (xxx-xxx-xxxx) _____ email _____
Occupation: _____

Name: _____
Title/Relationship: _____
Street Address: _____
City: _____ State: _____ ZIP: _____
Phone no. (xxx-xxx-xxxx) _____ email _____
Occupation: _____

May We Contact Your Present Employer?

Yes _____ No _____

Date Available: _____

I hereby certify that the answers and other information on this application are true and correct and that I understand any misrepresentation or omission of facts on my part will be justification for separation from the company's service, if employed. I understand that my employment is contingent my passing of pre-employment drug screening as adopted by the City of Gardendale, E-Verify and any other pertinent information bearing upon my employment, and that my continued employment depends upon the will of the company or myself.

Signature _____

Date: _____