



133 W. Hicks Street, Lawrenceville, VA 23868
Phone: 434-848-2418
Fax: 434-848-6739
www.meherrinlib.org

GENERAL INFORMATION

Position Title: _____ (One per Application)

Social Security Number: _____ Date of Birth: _____ (Optional Unless Under 18 Years of Age)

Full Name: _____ Last First Middle

Address: _____
City State Zip Code

Home Telephone: _____ Alternate Phone: _____

E-mail Address: _____

Have you previously been employed by the Meherrin Regional Library System? Yes ___ No ___

If yes, Position Held: _____ Dates of Employment _____

If position requires driving:
Valid Driver's License Number: _____ Issuing State _____ Expiration Date: _____

For purposes of compliance with The Immigration Reform and Control Act, are you legally eligible for employment in the United States? Yes ___ No ___ No response ___
Note: Under the Immigration Reform and Control Act of 1986, you will be required to fill out a certification verifying that you are eligible to be employed and verifying your identity. Further, you will be required to provide documentation to that effect should you be employed.

Are you willing to accept employment which requires you to travel? Yes No

Please list geographical locations in which you are willing to work: Lawrenceville, VA ___ Emporia, VA ___

Are you available weekends, holidays, and varied shifts? Yes No

When will you be available to start work? Date: _____

Have you ever been convicted of a misdemeanor; felony; or traffic violations, excluding those before your 18th birthday?
Yes ___ No ___ (If yes, please list all dates and explain)

Have you ever been dismissed or asked to resign a position in order to avoid dismissal? ___ Yes ___ No
If yes, explain the circumstances: _____

List any relatives currently working for the Library or serving on the Board of Trustees: _____

Are you an honorably discharged veteran of the armed forces of the United States: Yes____ No____

If yes, are you a veteran who has received an honorable discharge and has a service connected disability rating fixed by the US Department of Veterans Affairs? Yes____ No____

EMPLOYMENT HISTORY

(Begin with last or most recent paid, military, or voluntary experience. Use additional sheets as necessary.)

Company: _____

Address: _____

City/State/Zip: _____

Telephone: _____

Immediate Supervisor: _____

May we contact employer: Yes No

Job Duties:

Position held: _____

Dates Employed: _____

Starting Salary_____ Ending Salary_____

Number of Persons Supervised: _____

Name if different from Present: _____

Reason for Leaving: _____

Company: _____

Address: _____

City/State/Zip: _____

Telephone: _____

Immediate Supervisor: _____

May we contact employer: Yes No

Job Duties:

Position held: _____

Dates Employed: _____

Starting Salary_____ Ending Salary_____

Number of Persons Supervised: _____

Name if different from Present: _____

Reason for Leaving: _____

Company: _____

Address: _____

City/State/Zip: _____

Telephone: _____

Immediate Supervisor: _____

May we contact employer: Yes No

Job Duties:

Position held: _____

Dates Employed: _____

Starting Salary_____ Ending Salary_____

Number of Persons Supervised: _____

Name if different from Present: _____

Reason for Leaving: _____

EDUCATION

Do you have a high school diploma? Yes No

Date Received: _____

If no, highest grade completed (1st - 12th)

Name and address of high school attended:

Do you have a GED? Yes No

Date Received _____

Post High School Education:

Name and location of institution

Degree Received

Major/Specialty

Dates

SKILLS or Additional Information

Use this space for any additional information you think would help us evaluate your application, including training, seminars, language training, workshops, certifications, licenses, achievements or specialized skills.

REFERENCES

(List three persons not related to you who know your qualifications.)

Name

Address

Telephone

Relationship

1. _____

2. _____

3. _____

CERTIFICATION

I hereby certify that all entries and all attachments are true and complete. I agree and understand that any falsification of information herein, regardless of time of discovery, may cause forfeiture on my part to any employment in the services of the Meherrin Regional Library System. I understand that all information on this application is subject to verification and I consent to references and former employers and educational institutions listed being contacted regarding this application. I further authorize the Library to obtain my criminal history record and check my driving record now and during the course of my employment as the Library may deem necessary. I understand that the Library may be required to provide information concerning my application for employment and my employment history to Federal and State agencies for use in any employment related investigations or inquiries.

Date _____

Applicant's Signature _____

Your response below is voluntary and is used to assist us in our compliance with Federal/State equal opportunity record keeping and reporting. Your response will not be used in any way to determine your eligibility for employment.

Position Title _____ Date _____
Fulltime Part-time

Name _____

Address _____

City/State/Zip _____

Home Telephone Number _____ Business Telephone Number _____

Check: Male _____ Female _____ Not Disclosed _____ Please indicate your date of birth: _____

Check Race/Ethnic Group(s)

White _____
Black _____
Hispanic _____
Asian and Asian American _____
American Indian _____
Other _____

Check Highest Level of Education Completed

Attended High School _____
High School Diploma _____
Attended College _____
Associate Degree _____
Bachelor's Degree _____
Master's Degree _____
PH.D or Professional Degree _____

Check Status

Military _____
Active Duty _____
Active Reserve _____
National Guard _____
Veteran _____
Not Applicable _____

Check Referral Source(s)

Newspaper _____
Online Website _____
Library Bulletin Board _____
Friend or Relative _____
Library Website _____
National Publication _____
Other _____