

Stokes Brown Public Library
405 White Street
Springfield, TN 37172
(615) 384-5123
Fax: (615) 384-0106

Employment Application

For Office use only:

Date of Application*: ____ / ____ / ____

*Applications will remain on file for six (6) months.

Please PRINT all responses. Incomplete applications will not be considered.

SECTION 1: EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER

We are an equal opportunity employer, dedicated to a policy of nondiscrimination in employment on any basis including age, sex, color, race, creed, national origin, religious persuasion, marital status, sexual preference, political belief, or disability that does not prohibit performance of essential job functions.

SECTION 2: APPLICANT'S PERSONAL INFORMATION

**P
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First Name:

Middle:

Last Name:

Street Address:

City, State, Zip:

Primary Phone:

()

Alternative Phone:

()

Email Address:

Social Security Number (LAST FOUR DIGITS ONLY):

XXX-XX-

Do you have relative(s) working for the Library? Yes No

If yes, list name and relationship: _____

Have you been convicted of, pleaded guilty to, or pleaded no contest to a felony within the past 5 years? Yes No If Yes, please explain:

****Federal law prohibits the employment of unauthorized aliens, and therefore, all persons must submit proof of identity such as a valid driver's license, birth certificate, green card, etc. upon hiring.***

SECTION 2: APPLICANT'S PERSONAL INFORMATION (CONT.)

EDUCATION

| School | Name and Location of School | Course of Study | Number of years completed | Did you graduate? | Degree or diploma |
|----------------------------|-----------------------------|-----------------|---------------------------|---|-------------------|
| High School | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Business/ Trade/ Technical | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| College | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Graduate Level | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

AVAILABILITY

Do you prefer parttime or fulltime work? Parttime Fulltime

Number of hours desired per week _____

Do you have any objection to working overtime? Yes No

Can you work overtime without prior notice? Yes No

When will you be available to begin work? _____

Hours available each day: Sun Mon Tues Wed Thurs Fri Sat

| | | | | | | | |
|------|--|--|--|--|--|--|--|
| From | | | | | | | |
| To | | | | | | | |


SECTION 3: EMPLOYMENT RECORD

Please give accurate, complete fulltime and parttime employment record. Start with your present and most recent employer. NOTE: Your application will not be considered unless every question in this section is answered. Since we will make every effort to contact previous employers, the correct telephone numbers of past employers are critical. Ask for a phone book or call information if necessary.

| | | | |
|---|------------------------------|---|--|
| 1 | Company name | Telephone () | May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | Address | Employed (Month and Year) From To | |
| | Name and title of supervisor | Hourly Pay or Salary | |
| | State your job title | How many hours per week? | |
| | Describe your work | Reason for leaving | |
| 2 | Company name | Telephone () | May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | Address | Employed (Month and Year) From To | |
| | Name and title of supervisor | Hourly Pay or Salary? | |
| | State your job title | How many hours per week? | |
| | Describe your work | Reason for leaving | |
| 3 | Company name | Telephone () | May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | Address | Employed (Month and Year) From To | |
| | Name and title of supervisor | Hourly Pay or Salary | |
| | State your job title | How many hours per week? | |
| | Describe your work | Reason for leaving | |

SECTION 4: REFERENCES

Please do not include relatives or personal friends if possible. List only references who have knowledge of your work habits and skills.



| | |
|---------------------|--------------|
| Name: _____ | Phone: _____ |
| Relationship: _____ | Title: _____ |
| Name: _____ | Phone: _____ |
| Relationship: _____ | Title: _____ |
| Name: _____ | Phone: _____ |
| Relationship: _____ | Title: _____ |

SECTION 5: APPLICANT ACKNOWLEDGEMENT

READ CAREFULLY BEFORE SIGNING.

I certify that the information contained in this application is true and complete to the best of my knowledge. I acknowledge and agree that any false statement, misleading answer, omission, concealment, unrequested information, or failure to answer any question fully, completely, and accurately will be grounds for not hiring me or terminating my employment irrespective of when the information is discovered.

I authorize investigation and verification of all statements contained herein. I authorize the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information that they may have, personal or otherwise.

I acknowledge that if I become employed at the Stokes Brown Public Library my employment is for no definite period, and I will be employed *at will*, which means that I will be free to terminate my employment at any time for any reason. Likewise, the Stokes Brown Public Library is free to terminate my employment at any time for any reason except as prohibited by law.

I understand the following is necessary in order to successfully perform the essentials of this job:

- Work schedules may be non-standard and include evenings and weekends.
- Primary functions require sufficient physical ability such as frequent standing, walking, bending, and reaching, lifting objects that weigh up to 15 lbs. or carrying/pushing objects that weigh more than 15 lbs., vision within normal vision range with or without correction sufficient to read computer screens and printed documents, and hear in the normal audio range with or without correction. I must notify my employer if reasonable accommodations must be made.

Applicant's Signature _____ Date _____