



Coastal Plain Regional Library System

Serving Ben Hill, Berrien, Cook, Irwin, Tift, and Turner Counties

Application for Employment

*The Coastal Plain Regional Library System is an equal opportunity employer
and maintains a drug-free workplace.*

Branch Name: _____

Date: _____

Name: _____

Phone: _____

Current Address: _____

City: _____ State: _____

Email Address: _____

Preferred Contact Method: _____

Have you been previously employed by our library system? Yes No

If so, which branch and when? _____

When would you be able to start work? _____

How many hours per week would you be able/like to work? _____

Are you available to meet year-round schedule requirements? Yes No

What hours are you available to work on a consistent basis? (circle all that apply)

Morning (9-12 am) Afternoon (12-6 pm) Evening (after 6 pm) Saturday Sunday

What scheduling restrictions to you currently have? What hours are you unavailable to work?

Are you legally eligible for employment in the United States? Yes No

Are you willing to submit to a background check as a term of employment? Yes No

Education:

High School Diploma or GED earned: Yes No

College and/or Technical School:

Institution Name: _____ City, State: _____

Degree Earned: _____

Other specialized training, certifications or skills: _____

2014 Chestnut Avenue, Tifton, GA 31794 ♦ 229.386.3400 ♦ 229.386.7007 fax

Member Libraries: Fitzgerald Ben Hill Co. Library ♦ Carrie Dorsey Perry Memorial Library ♦ Cook County Library ♦ Irwin County Library ♦ Tifton-Tift County Public Library ♦ Victoria Evans Memorial Library



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Employment: (list last three, starting with most current):

Employer/Company Name: _____ City, State: _____

Supervisor Name: _____ Phone: _____

Dates of Employment: _____

Brief job description: _____

Employer/Company Name: _____ City, State: _____

Supervisor Name: _____ Phone: _____

Dates of Employment: _____

Brief job description: _____

Employer/Company Name: _____ City, State: _____

Supervisor Name: _____ Phone: _____

Dates of Employment: _____

Brief job description: _____

References (legal adults able to provide recommendations – no family)

1) Name: _____ Phone: _____

Email: _____ Years known: _____

2) Name: _____ Phone: _____

Email: _____ Years known: _____

3) Name: _____ Phone: _____

Email: _____ Years known: _____

If hired, you will be required to attest to and provide documents confirming your identity and employment eligibility. You cannot be hired if you cannot comply with these requirements.

By signing this application I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false, incorrect, or misleading information detailed on this application or provided in a subsequent interview may result in my employment being terminated.

Applicant Signature: _____

Date: _____

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