



Date \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle Maiden

Present address \_\_\_\_\_  
Number Street City State ZIP How long at this address?

Telephone \_\_\_\_\_ E-mail address \_\_\_\_\_

Position applied for: \_\_\_\_\_ Date available: \_\_\_\_\_ How many hours can you work weekly? \_\_\_\_\_

Can you work evenings and weekends?  Yes  No Employment desired:  Full-time only  Part-time only  Full- or part-time

Days available for work: No preference  Mon  Tue  Wed  Thu  Fri  Sat  Sun

Are you authorized to work in the United States?  Yes  No Are you retired through TRS?  Yes  No If yes, retirement date: \_\_\_\_\_

Do you have a driver's license?  Yes  No License #: \_\_\_\_\_ State: \_\_\_\_\_ Expires: \_\_\_\_\_

Have you ever been in the Armed Forces?  Yes  No Specialty: \_\_\_\_\_ Date entered: \_\_\_\_\_ Discharge date: \_\_\_\_\_

Are you 18 years of age or older?  Yes  No

Have you previously been employed by the Library?  Yes  No

Does the Library employ any of your relatives?  Yes  No

Are you willing to undergo a pre-employment physical exam and background check?  Yes  No

Do you have any commitments to another employer which might affect your employment with the Library?  Yes  No

Education

\_\_\_\_\_  
High School (name of school) City & state Graduated?  Yes  No

\_\_\_\_\_  
College/University (name of school) City & state Degree & Major Graduated?  Yes  No

\_\_\_\_\_  
College/University (name of school) City & state Degree & Major Graduated?  Yes  No

\_\_\_\_\_  
College/University (name of school) City & state Degree & Major Graduated?  Yes  No

\_\_\_\_\_  
Other City & state Degree & Major Graduated?  Yes  No

**Work experience**

Please list your work experience, starting with your most recently held job. If you were self-employed, provide firm name. Attach additional sheets if necessary.

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*Employer (company name, city, state, ZIP, phone number)*

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<i>Job title</i>	<i>Employment dates (start &amp; end)</i>	<i>Pay or salary (start &amp; end)</i>
<i>Reason for leaving (be specific)</i>	<i>Supervisor</i>	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No

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*Employer (company name, city, state, ZIP, phone number)*

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<i>Reason for leaving (be specific)</i>	<i>Supervisor</i>	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No

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*Employer (company name, city, state, ZIP, phone number)*

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<i>Job title</i>	<i>Employment dates (start &amp; end)</i>	<i>Pay or salary (start &amp; end)</i>
<i>Reason for leaving (be specific)</i>	<i>Supervisor</i>	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No

**APPLICATION FORM WAIVER**

In exchange for the consideration of my job application by the Middle Georgia Regional Library (hereinafter called “the Library”), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Library practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the Library’s Director. Both the undersigned and Middle Georgia Regional Library may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Library may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Library permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Library from any liability as a result of such contact.

I also understand that the Library has a drug and alcohol policy that provides for pre-employment testing as well as testing after employment; consent to and compliance with such policy is a condition of my employment; and continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job-related physical examinations.

I understand that, in connection with the routine processing of your employment application, the Library may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics, and mode of living. Upon written request from me, the Library, will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

I further understand that my employment with the Library shall be probationary for a period of ninety (90) days, and further that at any time during the probationary period or thereafter, my employment relation with the Library is terminable at will for any reason by either party.

Signature of applicant: \_\_\_\_\_

Date: \_\_\_\_\_