

PINE MOUNTAIN REGIONAL LIBRARY SYSTEM
APPLICATION FOR EMPLOYMENT
An Equal Opportunity Employer

PERSONAL INFORMATION

Date _____

Title (please check one): Mr. Mrs. Ms. Miss Other _____

Name _____

Address _____

City _____ State _____ Zip code _____

Phone number (____) _____ - _____

Email address _____

Are you eligible to work in the United States either because you are a U. S. citizen or have U. S. government permission to do so? yes no

Note: If offered employment, you will be required to provide documentation to verify employment eligibility. Failure to provide requested documentation may result in a determination that you are ineligible for employment in the United States.

Have you ever worked for us before? yes no If yes, when and where?

Do you have any relatives currently employed by the library? yes no If yes, please list their name and the branch where they work:

Have you ever participated in a State of Georgia retirement plan such as TRS or ERS? yes no

Some positions require a valid Georgia driver's license; do you have a valid driver's license?
yes no

Have you had any traffic violations in the past 3 years? yes no

Please give type of offense and dates _____

GENERAL INFORMATION

Position you are applying for _____ Date you can start _____

Have you ever worked in a library before? yes no If yes, what did you do?

Have you supervised before? yes no If yes, please describe

What hours are you available to work?

Check all that apply:

- morning
- afternoon
- evening

What days are you available to work?

Check all that apply:

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday
- Saturday

EDUCATION INFORMATION

Did you graduate from high school? yes no If no, did you receive a GED? yes no

Do you hold any college degrees? yes no If yes, what are they?

What computer programs are you familiar with?

Do you have any special training or skills that would be helpful in this position?

CURRENT EMPLOYER

Are you currently employed? yes no

May we contact your current employer? yes no Phone number (_____) _____ - _____

Start date _____ Position currently held _____

Name of employer _____

Address of employer _____

City _____ State _____ Zip code _____

PREVIOUS EMPLOYERS

List your two previous employers:

May we contact this employer? yes no Phone number (_____) _____ - _____

Dates worked: From _____ to _____ Position _____

Name of employer _____

Address of employer _____

City _____ State _____ Zip code _____

Reason for Leaving _____

May we contact this employer? yes no Phone number (_____) _____ - _____

Dates worked: From _____ to _____ Position _____

Name of employer _____

Address of employer _____

City _____ State _____ Zip code _____

Reason for Leaving _____

REFERENCES

List the names of three persons not related to you, whom you have known at least one year.

Name _____ Occupation _____

Address _____

City _____ State _____ Zip code _____

Phone number (_____) _____ - _____ Years known _____

Name _____ Occupation _____

Address _____

City _____ State _____ Zip code _____

Phone number (_____) _____ - _____ Years known _____

Name _____ Occupation _____

Address _____

City _____ State _____ Zip code _____

Phone number (_____) _____ - _____ Years known _____

Direct Deposit

The Library pays twice a month via Direct Deposit. Accepting a paycheck through Direct Deposit is a Condition of Employment. If you agree to this condition, please sign below. If you refuse to sign, your application will not be considered.

After receiving an offer of employment, if you refuse to accept a paycheck through Direct Deposit, the offer of employment will be withdrawn.

Signature _____ Date _____

Background Checks

If you are offered employment with the library, you will be required to undergo a background check. The offer of employment may be withdrawn as a result of information uncovered during the background check. If you agree to this condition, please sign the following release. If you refuse to sign the release, your application will not be considered.

After receiving an offer of employment, if you refuse to undergo a background check, the offer of employment will be withdrawn.

Authorization for Release of Personal Information

I do hereby authorize a review of, and full disclosure of, all records concerning myself to any duly authorized representative of the Pine Mountain Regional Library System, whether said records are of public, private or confidential nature, including any criminal and/or driving history record information pertaining to me which may be in the files of any state or local agency. Authorization is also given to the library to recheck and review the records at the library's discretion.

I understand that any information obtained by a personal history background investigation, which is developed directly or indirectly, in whole or in part, upon this release authorization, will be considered in determining my suitability for employment with the Pine Mountain Regional Library System. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information.

A photocopy of this release will be valid as an original thereof, even though said photocopy does not contain an original writing of my signature.

Signature _____ Date _____

Please save form and email to ckilby@pinemtnlibrary.org, print it out and bring it to a [Pine Mountain Regional Library location](#), or select the "Submit" button.

*Note: Submit may only work if you have your device set up to send emails.
Submit will NOT work if entering information on a browser, such as Chrome,
Firefox, Microsoft Edge or Internet Explorer.*