



Name _____

Employment Application

Madison County Library System 102 Priestley Street / Canton, Mississippi 39046

www.mclsms.org

Branch Libraries in: Camden Canton Flora Madison Ridgeland

In compliance with Federal and State equal opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or the presence of non-job-related medical condition or handicap.

ANSWER ALL QUESTIONS IN INK – PLEASE PRINT

Date of Application _____

Name _____
Last First Middle Initial

Address _____
Number Street City State Zip

Home Phone _____ Cell Phone _____ Email _____

Driver's License Number _____ State _____ Expiration Date _____

Social Security Number _____

Position(s), Type of work applied for _____

Referred by _____

Are you available to work Full Time Part Time Nights Weekends

Date Available _____

Have you previously filed an application here? Yes No Have you ever been Employed Here? Yes No

If yes, Dates _____ Position/Location _____

Do you currently work for an entity of the state of Mississippi? If so, do you intend to stay in said position? Yes ___ No ___

Have you previously worked for an entity of the state of Mississippi? If so, are you retired with PERS? Yes ___ No ___

Name/Relationship of Friends/Relatives Employed Here _____

AN EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER

Have you ever pled guilty or been convicted of embezzlement or misappropriation of funds? Yes No

Have you ever been convicted of a felony? Yes No If yes, describe in full, including date(s): _____

EDUCATION

High School or GED Business/Trade School College/University Graduate/Professional

School Name, Address	High School or GED	Business/Trade School	College/University	Graduate/Professional
Years Completed: (Circle)	9 10 11 12	1 2 3 4	1 2 3 4	1 2 3 4
Diploma/Degree				
Describe Course of Study (Majors, Minors, etc.)				
Describe Specialized Training, Apprenticeship, Skills, and Extra-Curricular Activities				

Honors Received

Do you plan to further your education? _____ If so, when? _____

Please list each job held. Start with your present or last job and go back from there. Account for all time during the past five years including periods of unemployment, military service assignments and volunteer activities.

DATES	NAME AND ADDRESS OF EMPLOYER	DESCRIPTION OF DUTIES
From: ____ Mo. ____ Yr. To: ____ Mo. ____ Yr. <input type="radio"/> Part Time <input type="radio"/> Full Time	Name _____ Address _____ _____ Name of Supervisor _____ Title of Supervisor _____	Title _____ Duties _____ _____ _____ Final Salary _____ Reason for Leaving _____
From: ____ Mo. ____ Yr. To: ____ Mo. ____ Yr. <input type="radio"/> Part Time <input type="radio"/> Full Time	Name _____ Address _____ _____ Name of Supervisor _____ Title of Supervisor _____	Title _____ Duties _____ _____ _____ Final Salary _____ Reason for Leaving _____
From: ____ Mo. ____ Yr. To: ____ Mo. ____ Yr. <input type="radio"/> Part Time <input type="radio"/> Full Time	Name _____ Address _____ _____ Name of Supervisor _____ Title of Supervisor _____	Title _____ Duties _____ _____ _____ Final Salary _____ Reason for Leaving _____
From: ____ Mo. ____ Yr. To: ____ Mo. ____ Yr. <input type="radio"/> Part Time <input type="radio"/> Full Time	Name _____ Address _____ _____ Name of Supervisor _____ Title of Supervisor _____	Title _____ Duties _____ _____ _____ Final Salary _____ Reason for Leaving _____
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If you need additional space, please continue on a separate sheet of paper.

List hobbies and special interests, skills, or qualifications acquired from employment or other experience. What computer applications are you proficient in?

REFERENCES

Give Name, Address and Phone Number of at Least Three (3) Professional/Work-Related References

Name of Reference	Job Title/Business Name	Telephone/Cell# s
		() -
		() -
		() -
		() -

State any additional information you feel may be helpful to us in considering your application.

May we contact your present employer? Yes No

I certify that the answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in my discharge. I understand, also, that I am required to abide by all rules and regulations as well as policies and procedures of the libraries.

Signature of Applicant

Date