

**MISSISSIPPI COUNTY LIBRARY SYSTEM  
200 NORTH FIFTH STREET  
BLYTHEVILLE, AR 72315  
870-762-2431**

**APPLICATION FOR EMPLOYMENT**

Our policy is to provide equal opportunity to all qualified persons without regard to race, creed, religious belief, sex, age, national origin, ancestry, handicap, or veteran status.

NAME: Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

NAME (Any other name previously used): \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_ Alternate Telephone Number \_\_\_\_\_

E-mail \_\_\_\_\_ @ \_\_\_\_\_ . \_\_\_\_\_

Position applied for \_\_\_\_\_

When you can start \_\_\_\_\_ Desired wage \$ \_\_\_\_\_

Are you a U.S. citizen or otherwise authorized to work in the U.S. on an unrestricted basis?

Yes \_\_\_\_\_ No \_\_\_\_\_

Are you available for full-time employment? \_\_\_\_\_ Part-time? \_\_\_\_\_

Evenings? \_\_\_\_\_ Weekends? \_\_\_\_\_ Overtime? \_\_\_\_\_ Temporary? \_\_\_\_\_

Can you show proof of age upon being hired? Yes \_\_\_\_\_ No \_\_\_\_\_

At which library location(s) would you be available to work?

Blytheville \_\_\_\_\_ Keiser \_\_\_\_\_ Leachville \_\_\_\_\_ Manila \_\_\_\_\_ Osceola \_\_\_\_\_ Wilson \_\_\_\_\_

EDUCATION:	School Name and Location	Degree Received	Major
High School:	_____	_____	_____
College:	_____	_____	_____
College:	_____	_____	_____
Other Training:	_____	_____	_____

Please list any other skills, qualifications or experience we should consider:

What languages, other than English, can you fluently read, speak, or write?

Employment History (Start with most recent employer):

Company Name \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

Date started \_\_\_\_\_ Starting wage \_\_\_\_\_ Starting position \_\_\_\_\_

Date ended \_\_\_\_\_ Ending wage \_\_\_\_\_ Ending position \_\_\_\_\_

Name of supervisor \_\_\_\_\_ May we contact? \_\_\_\_\_

Responsibilities \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Company Name \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

Date started \_\_\_\_\_ Starting wage \_\_\_\_\_ Starting position \_\_\_\_\_

Date ended \_\_\_\_\_ Ending wage \_\_\_\_\_ Ending position \_\_\_\_\_

Name of supervisor \_\_\_\_\_ May we contact? \_\_\_\_\_

Responsibilities \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Company Name \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

Date started \_\_\_\_\_ Starting wage \_\_\_\_\_ Starting position \_\_\_\_\_

Date ended \_\_\_\_\_ Ending wage \_\_\_\_\_ Ending position \_\_\_\_\_

Name of supervisor \_\_\_\_\_ May we contact? \_\_\_\_\_

Responsibilities \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Work and Professional References - **NO FAMILY OR FRIENDS** - Please complete in full

Name: Last \_\_\_\_\_ First \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Telephone \_\_\_\_\_ Email \_\_\_\_\_  
Relationship to you \_\_\_\_\_

Name: Last \_\_\_\_\_ First \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Telephone \_\_\_\_\_ Email \_\_\_\_\_  
Relationship to you \_\_\_\_\_

Name: Last \_\_\_\_\_ First \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Telephone \_\_\_\_\_ Email \_\_\_\_\_  
Relationship to you \_\_\_\_\_

Have you ever been convicted of a felony? \_\_\_\_\_  
If yes, please describe the circumstances on the back of this sheet.

**POLICE AND CREDIT CHECK AUTHORIZATION**

I authorize the library to verify my criminal record with the proper authorities in the consideration of my application. I understand that a criminal record will not prohibit my employment, but will be considered in relation to specific job requirements and duties. I further authorize the library to verify my credit record in the consideration of my application.

Signature \_\_\_\_\_ Date \_\_\_\_\_

I certify that the facts set forth in this application are true and complete to the best of my knowledge. I understand that if I am employed, false statements on this application shall be considered sufficient cause of dismissal. I further understand that the library will use Courthouse Concepts to confirm employment eligibility of all new hires. The library is hereby authorized to make any necessary investigations of my prior educational and employment history.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**APPLICATIONS ARE KEPT ON FILE FOR A MINIMUM OF SIX MONTHS**