



Employment Application Form

The Civil Rights Act of 1964 prohibits discrimination in employment because of race, color, religion, handicap, or national origin. Public Law 90-202 prohibits discrimination because of age. The Dorchester County Library is an Equal Opportunity/Affirmative Action Employer. M/F/V/H

PLEASE PRINT OR TYPE

Position for which you are applying Branch Full/Part-time

Last Name First Name Middle Initial

Current Mailing Address

City State Zip code Telephone #

Email address: _____

Have you ever been employed at the Dorchester County Library? YES ___ NO ___ YEAR _____

List any relatives or friends employed at the library:

May we contact previous employers? YES ___ NO ___

Have you ever been fired or forced to resign from a job for misconduct or unsatisfactory service? YES ___ NO ___

If yes, please describe briefly: _____

Have you ever been convicted of a crime other than a misdemeanor or summary defense? YES ___ NO ___

If yes, please describe briefly: _____

Have you been charged or named in an indictment, accusation, or special presentment for any offence, other than a minor traffic violation? YES ___ NO ___ If yes, please explain: _____

Do you have a valid South Carolina driver's license? YES ___ NO ___

EDUCATION

SCHOOLS	NAME/ADDRESS	YEARS ATTENDED	GRADUATED (Y/N)	DEGREE
High School				
College or University				
Graduate School				
Other				

Please list/describe any licenses, certifications, special training, computer skills, technology skills and aptitudes that you feel are relevant to the positions for which you are applying.

REFERENCES

Name	Address	Phone#
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EMPLOYMENT HISTORY

Please complete the following job history information beginning with your most recent job. Attach additional sheet if needed.

Name of Employer: _____ Supervisor: _____ Phone#: _____

Address: _____

Position Held: _____

Describe job duties: _____

Reason for Leaving: _____

Dates employed: _____ Full/Part-time _____

Beginning salary: _____ Ending salary: _____

Name of Employer: _____ Supervisor: _____ Phone#: _____

Address: _____

Position Held: _____

Describe job duties: _____

Reason for Leaving: _____

Dates employed: _____ Full/Part-time _____

Beginning salary: _____ Ending salary: _____

Name of Employer: _____ Supervisor: _____ Phone#: _____

Address: _____

Position Held: _____

Describe job duties: _____

Reason for Leaving: _____

Dates employed: _____ Full/Part-time _____

Beginning salary: _____ Ending salary: _____

Name of Employer: _____ Supervisor: _____ Phone#: _____

Address: _____

Position Held: _____

Describe job duties: _____

Reason for Leaving: _____

Dates employed: _____ Full/Part-time _____

Beginning salary: _____ Ending salary: _____

PLEASE READ CAREFULLY: APPLICANT’S CERTIFICATE AND AGREEMENT

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge. I understand that if employed, falsified statements on this application shall be considered sufficient cause for dismissal. You are hereby authorized to make any investigation of my personal and employment history through any investigative agencies or bureaus of our choice.

Applicants requiring disability related accommodations should request them during the application process.

APPLICANT’S SIGNATURE

DATE