

APPLICATION FOR EMPLOYMENT

JACKSON/HINDS LIBRARY SYSTEM
300 North State Street
Jackson, MS 39201



We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

Please Print

Position Applied for	Date of Application
How Did You Find out About This Opening?	

Last Name	First Name	Middle Name
Address	Number	Street
		City
		State
		Zip Code
Telephone Number(s)		Social Security Number (voluntary)
		- -
E-Mail Address(s)		

Best time to contact you at home is: _____ AM / PM

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

Have you ever filed an application with the Jackson-Hinds Library System before? Yes No
If yes, give date _____

Have you ever been employed with the Jackson/Hinds Library System before? Yes No
If yes, give date _____

Do any of your friends or relatives work with the Jackson/Hinds Library System? Yes No
If yes, state name, relationship and location: _____

Are you currently employed? Yes No

May we contact your present employer? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?
Proof of citizenship or immigration status will be required upon employment.

Date available for work: ____ / ____ / ____ What is your desired salary range? _____

Are you available to work: Full Time
 Part Time (Please indicate ____ Mornings ____ Afternoon ____ Evenings)
 Temporary (Please indicate dates available ____ / ____ to ____ / ____)

Are you currently on "lay-off" status and subject to recall? Yes No

Can you travel if the job requires it? Yes No

EDUCATION

School	Name and Address of School	Course of Study	No. of Years Completed	Diploma / Degree
High School				
Undergraduate College				
Graduate / Professional				
Other				

WORK EXPERIENCE

Beginning with your present or last job, include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Employer	Dates Employed		Work Performed
Address	From	To	
Telephone Number(s)	Hourly Rate / Salary		
Starting/Present Job Title	Starting	Ending	
Supervisor			
Reason for Leaving	May we contact?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Employer	Dates Employed		Work Performed
Address	From	To	
Telephone Number(s)	Hourly Rate / Salary		
Starting/Present Job Title	Starting	Ending	
Supervisor			
Reason for Leaving	May we contact?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Employer	Dates Employed		Work Performed
Address	From	To	
Telephone Number(s)	Hourly Rate / Salary		
Starting/Present Job Title	Starting	Ending	
Supervisor			
Reason for Leaving	May we contact?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Employer	Dates Employed		Work Performed
Address	From	To	
Telephone Number(s)	Hourly Rate / Salary		
Starting/Present Job Title	Starting	Ending	
Supervisor			
Reason for Leaving	May we contact?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Comments: Include explanation of any gaps in employment.

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

Describe any job-related training received in the United States military.

List professional, trade, business or civic activities and offices held.

You may exclude membership that would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.

ADDITIONAL INFORMATION

Other Qualifications (Any special job-related skills and qualifications acquired from employment or other experience.)

SPECIALIZED SKILLS (SKILLS/EQUIPMENT OPERATED)

_____ Terminal _____ Dictation (_____ WPM) _____ Spreadsheet
_____ PC/MAC _____ Word Processing (_____ WPM)
_____ Typewriter (_____ WPM) _____ Shorthand (_____ WPM)

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

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A review of the activities involved in such a job or occupation has been provided. YES NO

PERSONAL/PROFESSIONAL REFERENCES

(Do not include family members or past supervisors.)

Name	Phone Number	Best Time to Call	Occupation
1.			
2.			
3.			

APPLICANT'S STATEMENT

I certify that the answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

FOR JACKSON/HINDS LIBRARY SYSTEM USE ONLY

Interviewed by: _____ Date: _____

Starting Date: _____ Rate of Pay: _____

Job Title: _____ Department/Branch Location: _____



Reference Check Claim - Waiver Form

To the prospective employee: Please read this document carefully. If you agree to the statements, terms, and conditions set forth herein, please initial each paragraph where indicated, and sign and date the form at the bottom.

A. Verification Of Accuracy Of Statements Made In Employment Application:

I hereby certify that the information provided in my employment application dated _____ (and any resume or other materials submitted by me in connection with my effort to obtain employment with the Jackson/Hinds Library System) is true, complete, and accurate. I also understand that any false or misleading information or significant omissions may disqualify me from any further consideration for employment with the Jackson/Hinds Library System, or could be justification for dismissal from employment, if discovered at any point after I have been hired or offered employment.

Initials _____

B. Release Of Claims Against Providers Of References And/Or Other Employment-Related Information:

With the exception of contacting my current employer (discussed below), I fully authorize the investigation and verification of any statements made by me in my employment application dated _____ (and any resume or other materials submitted by me in connection with my effort to obtain employment with the Jackson/Hinds Library System). I expressly authorize you to contact all listed past employers and/or references. I further authorize any person, school, past employer, or other person, organization, or entity listed in my application, and any resume or other materials submitted by me to provide the Jackson/Hinds Library System with any information requested that may be relevant and useful to the Jackson/Hinds Library System in making a hiring decision. I expressly release any such persons, organizations, or entities from any and all legal liability for making disclosure of any information about me, which it is permitted, by law, to release.

Initials _____

C. Contact With Current Employer:

I DO _____ / DO NOT _____ authorize you to contact my current employer. If, and only if, I have authorized you to contact my current employer, I agree that the terms set forth in paragraph B also apply to my current employer.

Initials _____

Print Name: _____

Signed: _____ Date: _____

Social Security Number (voluntary): _____