

## APPLICATION FOR EMPLOYMENT

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.

Position Applied for		Date of Applicat	ion		
How Did You Find out About Thi	s Opening?				
Last Name	First Name		Middle Name		
Address		City	State	Zip Coo	de
Telephone Number(s)					
E-Mail Address(s)			1		
Best time to contact you 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 of the second se	ation with the Jackson	Hinds Library Syst	tem before?	Yes	No
Have you ever been employe If yes, give date	d with the Jackson Hin	ds Library System	before?	Yes	No
Do any of your friends or relationship and		kson Hinds Library	/ System?	Yes	No
Are you currently employed?				Yes	No
May we contact your present employer?				Yes	No
Are you prevented from lawfu Immigration Status? <i>Proof of c</i>		•		Yes	No
Date available for work:		What is your desi	red salary range?		
Are you available to work:	Full Time Part Time (Please in	ndicate Mornings	Afternoons Evenings)		
Are you currently on "lay-off"	status and subject to re	ecall?		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 an exclude organizations which indicate race, color, r	y job-related m eligion, gender	ilitary service assignm , national origin, disab	ents and volunteer ilities or other prote	activities. You may cted status.	/
Employer	Dates E	mployed	Work Perform		
Address	From	То			
Telephone Number(s)	Hourly Ra	ate / Salary			
Starting/Present Job Title	Starting	Ending			
Supervisor					
Reason for Leaving		May we contact?	Yes	No	
Employer	Dates E	mployed	Work P	erformed	
Address	From	То			
Telephone Number(s)	Hourly Rate / Salary				
Starting/Present Job Title	Starting	Ending			
Supervisor					
Reason for Leaving		May we contact?	□ Yes	□No	
Employer	Dates E	mployed	Work P	erformed	
Address	From	То			
Telephone Number(s)	Hourly Ra	ate / Salary			
Starting/Present Job Title	Starting	Ending			
Supervisor					
Reason for Leaving		May we contact?	□ Yes	□ No	
Employer	Dates E	mployed	Work P	erformed	
Address	From	То			
Telephone Number(s)	Hourly Ra	ate / Salary			
Starting/Present Job Title	Starting	Ending			
Supervisor					
Reason for Leaving		May we contact?	Yes	No	
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_Comments	<ul><li>s: Include explanation of any gaps in empl</li></ul>	oyment.	_

Describe any additiona	l education, skills, and job	-related training.	
PERSONAL/PROFESS Name	SIONAL REFERENCES		members or past supervisors.)
1.	Phone Number	Best Time to Call	Occupation
2.			
3.			
J.			
APPLICANT'S STATE	MENT		
L certify that answers given	herein are true and complete	to the best of my knowle	dge. I authorize investigation of al
statements contained in this	s application for employment a	s may be necessary in a	rriving at an employment decision
may result in my discharge.		sleading information give	n in my application or interview( s
		active for a period o	f time not to exceed 45 days
Any applicant wishing to I	be considered for employmen		iod should inquire as to whethe
or not applications are being	g accepted at that time.		
Signature			
	FOR JACKSON HINDS LIE	BRARY SYSTEM USE	ONLY
Interviewed by:			ate:
Starting Date:			
Job Title:	Department/Brand	ch Location:	