

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 Application			
How Did You Find out About Thi	s Opening?				
Last Name	First Name		Middle Name		
Address		City	State	Zip Coc	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 Sys	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

WORK EXPERIENCE					
Beginning with your present or last job, include any exclude organizations which indicate race, color, re	/ job-related mi eligion, gender,	ilitary service ass , national origin, o	ignments and volur disabilities or other լ	nteer activities. Y protected status.	ou may
Employer	Dates Employed		Work Performed		
Address	From	То			
Telephone Number(s)	Hourly Ra	ite / Salary			
Starting/Present Job Title	Starting	Ending			
Supervisor					
Reason for Leaving		May we contact	t? Yes	No	
Employer	Dates E	mployed	Wo	ork Performed	
Address	From	То			
Telephone Number(s)	Hourly Ra	ite / Salary			
Starting/Present Job Title	Starting	Ending			
Supervisor					
Reason for Leaving		May we contact	t? \(\text{Yes}	□ No	
Employer	Dates E	mployed	Wo	ork Performed	
Address	From	То			
Telephone Number(s)	Hourly Ra	ite / Salary			
Starting/Present Job Title	Starting	Ending			
Supervisor					
Reason for Leaving		May we contact	t? □ Yes	□ No	
Employer	Dates E	mployed	Wo	ork Performed	
Address	From	То			
Telephone Number(s)	Hourly Ra	ite / Salary			
Starting/Present Job Title	Starting	Ending			
Supervisor					
Reason for Leaving		May we contact	t? Yes	No	

Comments: Include explanation of any gaps in employment.	_

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Describe any additional	l education, skills, and job	-related training.	
PERSONAL/PROFESS	SIONAL REFERENCES	(Do not include family n	nembers or past supervisors.)
Name	Phone Number	Best Time to Call	Occupation
1.			
2.			
3.			
APPLICANT'S STATE	MENT		
			ge. I authorize investigation of al
			iving at an employment decision in my application or interview(s)
may result in my discharge.	,	0 0	
			time not to exceed 45 days
Any applicant wishing to bor not applications are being		nt beyond this time perio	d should inquire as to whether
or not applications are being	g accepted at that time.		
Signature			
	FOR JACKSON HINDS LI	BRARY SYSTEM USE O	NLY
		Da	te:
Starting Date:			
Job Title:	Department/Bran	nch Location:	