



# Marion County Library

## Application for Employment

Date \_\_\_\_\_

Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number (home) \_\_\_\_\_ (Business) \_\_\_\_\_

### Employment Desired

Position \_\_\_\_\_

Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ Date you can start work \_\_\_\_\_

Will you work overtime if asked? \_\_\_\_\_ Do you have a valid driver's license? \_\_\_\_\_

Have you previously applied for employment with us? \_\_\_\_\_ Month/Year applied \_\_\_\_\_

Are you legally eligible for employment in the United States? \_\_\_\_\_

Education	Name and Location of School	Course of Study	Number of Years Completed	Did you Graduate?
High School				
College				
Trade, Business, Correspondence School				

**Training**

**Have you taken the following courses?**

<b>Typing</b>	<b>Words per minute</b>	<b>Bookkeeping</b>	<b>Number of Years</b>
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<b>Computers</b>	<b>Programs</b>
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**Office Machines you are able to operate**

**Special Qualifications or training**

**Experience working with our type of clients**

**Physical Record**

**Do you have any physical limitations that would keep you from performing any work for which you are being considered?**

**If Yes, please describe:** \_\_\_\_\_

\_\_\_\_\_

Former Employers	Please give accurate, complete full-time and part-time employment record. Start with Present or most recent employer.		
1) Company Name	Telephone		
Address	State	Zip	
Name of your Supervisor			
Your Job Title and brief work description:			
Date of Employment From	To	Salary	
Reason for Leaving			
2) Company Name	Telephone		
Address	State	Zip	
Name of your Supervisor			
Your Job Title and a brief work description:			
Date of Employment From	To	Salary	
Reason for Leaving			
3) Company Name	Telephone		
Address	State	Zip	
Name of your Supervisor			
Your Job Title and a brief work description:			
Date of Employment From	To	Salary	
Reason for Leaving			

*We may contact the employers listed above unless you indicate those you do not want us to contact. Do not contact Employer Number (s) \_\_\_\_\_*

**Reason:**

<b>References</b>	<b>Give the names of two people who are not related to you and are not former employers.</b>	
<b>Name</b>		<b>Years Acquainted</b>
<b>Address</b>		<b>Phone Number</b>
<b>Name</b>		<b>Years Acquainted</b>
<b>Address</b>		<b>Phone Number</b>

**I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that if employed falsified statements on this application shall be grounds for dismissal.**

**I authorize investigation of all statements contained herein and the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from any liability for any damage that may result from furnishing same to you.**

**Signature of Applicant** \_\_\_\_\_ **Date** \_\_\_\_\_

**Marion County Library is an equal opportunity employer;  
does not discriminate on the basis of disability in its hiring or employment practices;  
and is a drug-free workplace;  
drug test required.**

**Marion County Library  
101 East Court Street  
Marion, South Carolina, 29571  
843-423-8300  
www.marioncountylibrary.org**