



Marion County Library

Application for Employment

Date _____

Name _____ Social Security Number _____

Address _____ City _____ State _____ Zip _____

Phone Number (home) _____ (work) _____ (cell) _____

Position you are seeking _____

Full Time _____ Part Time _____ Date you can start work _____

Do you have a valid driver's license? _____

Are you legally eligible for employment in the United States? _____

Education	Name and Location of School	Years in attendance	Course of Study/Degree earned
High School			Diploma? Y or N
College			
Other			

Training

Computer experience:

Special qualifications or training:

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. (Use additional sheet if necessary.)		
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	Okay to contact? Y or N		
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	Okay to contact? Y or N		
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	Okay to contact? Y or N		

References		Give the names of two people who are not related to you.	
Name		Years Acquainted	
Address		Phone Number	
Personal or Professional Reference?			
Name		Years Acquainted	
Address		Phone Number	
Personal or Professional Reference?			

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 that does not discriminate on the basis of race, color, religion, sex, national origin, age or disability in its hiring or employment practices.
Marion County Library is a drug-free workplace; drug test required for new hires.**

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