

## **APPLICATION FOR EMPLOYMENT**

An Equal Opportunity Employer

111 North Harvin St. | Sumter, SC 29150 803-773-7273 | Fax 803-773-4875 www.sumtercountylibrary.org

## READ | LEARN | GROW

Position Applying For:			Date:		
Name					
Address	City, State, Zip				
Home Telephone	Business Telephone				
Driver's License # and State					
CDL# and Class					
	Relationship				
Address	Telephone				
EDUCATIONAL DATA					
SCHOOL	NAME OF SCHOOL - CITY/STATE	MAJOR STUDIES	TYPE OF DEGREE	GRADUATED	
High School				☐ Yes☐ No	
College/University				☐ Yes ☐ No	
Graduate/Professional				☐ Yes ☐ No	
Vocational, Business, Other				☐ Yes ☐ No	
List any Job-Related or Profes	sional Certifications, Licenses, or othe	er special knowledge,	skills, or qualifications.		
COMPUTER EXPERIENCE  PC Mac Email Wo  Describe in detail any other of	ord	es Internet level: 🗖	Beginner 🗖 Intermedi	ate 🛭 Advanced	
Have you ever been convicted	d of a crime other than a minor traffic	violation? 🗆 Yes 🚨	No If yes, list date		
Where convicted	Nature of charge	Sta	tus		
	nmigration status will be required upo aployment in the U.S.?				
List three references who are	not relatives that you have known at	least two years. Com	plete mailing addresse	s required.	
Name	Address		Phone		
Name	Address		Phone		
Name	Address	Phone			

Empolyed:  Part Time From: To:	Salary: Starting \$ Ending: \$			
Employer Name:	May we contact? ☐ Yes ☐ No			
Employer Address:	City/State/Zip:			
pervisor Name: Phone #:				
Job Title:	How many people did you supervise?			
Duties and Responsibilities:	Reason for Leaving			
Empolyed: ☐ Part Time ☐ Full Time From: To:	Salary: Starting \$ Ending: \$			
Employer Name:	May we contact? ☐ Yes ☐ No			
	City/State/Zip:			
Supervisor Name:	Phone #:			
Job Title:	How many people did you supervise?			
Duties and Responsibilities:	Reason for Leaving			
Empolyed: ☐ Part Time ☐ Full Time From: To:	Salary: Starting \$ Ending: \$			
Employer Name:	May we contact? ☐ Yes ☐ No			
Employer Address:	City/State/Zip:			
Supervisor Name:	Phone #:			
Job Title:	How many people did you supervise?			
Duties and Responsibilities:	Reason for Leaving			
PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY A	ND SIGN			
I do hereby affirm that all information provided by me in this application	on is true and correct. I understand that, if hired by the Library, I shall be tion is false or misleading or I have failed to give any information herein			
I hereby authorize Sumter County Library to conduct whatever investigation. If the investigation determines any untrue statements or a	igation it deems necessary to confirm statements submitted on this apnswers, I accept this as sufficient reason for refusal to hire.			

I authorize and request each person, former employer, firm, or corporation, given as reference to answer any and all questions related to my current and past work performance, character or skills. I hereby release from liability, the employer and its representatives for seeking such information and all persons, corporations or organizations for furnishing such information.

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

As prerequisite to my employment, I agree that I will consent to and undergo testing to detect the presence of drugs and/or alcohol. If employed by the Sumter County Library, I further agree, as a condition of my employment, that at such time or times during my employment as the Sumter County Library shall require, I will consent to and undergo testing for the presence of drugs and/or alcohol. I also agree that at the time of any such examinations, I will execute all forms of consent and release of liability as are usually and reasonable attendant to such examination. Finally, I agree that the results of any such examination shall be made available to Sumter County Library or its agents.

I agree to submit to myself, upon request, for a physical examination by a physician selected by the County and understand that failure to meet the physical requirements may disqualify me for employment. In the event of my employment, I understand that I have the right to quit or leave my employment with proper notification and I further understand, my employer has the right to terminate my employment at any time for any reason in accordance with my employer's Personnel Policies.

Applicant's Signature	Date	