

HARRISON COUNTY LIBRARY SYSTEM - APPLICATION FOR EMPLOYMENT

Name: _____

Address: _____

Email: _____ Phone: _____

Position(s) applied for: Full-time: Yes No Part-time: Yes No

Available to Work: Weekends: Yes No Nights: Yes No

Library location(s) where you are interested in working:

ALL	Biloxi	West Biloxi	Margaret Sherry Memorial	D'Iberville	Gulfport
	Orange Grove	Pass Christian	Administrative HQ	Saucier	Woolmarket

EDUCATION

Name/Address or Institution	Dates Attended and/or Graduated	Degree
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High School: _____

College or University: _____

Other Business, Trade, Military or Technical Training: _____

EMPLOYMENT

Please give accurate, complete full-time and part-time employment record. Start with your present or most recent employer.

(1) Company Name: _____ Date of employment: From: _____ To: _____

Address: _____ Phone: _____

Name/Title of Supervisor: _____ Rate of pay: _____

Job Title/Description of Work: _____

Reason for leaving: _____

(2) Company Name: _____ Date of employment: From: _____ To: _____

Address: _____ Phone: _____

Name/Title of Supervisor: _____ Rate of pay: _____

Job Title/Description of Work: _____

Reason for leaving: _____

(3) Company Name: _____ Date of employment: From: _____ To: _____

Address: _____ Phone: _____

Name/Title of Supervisor: _____ Rate of pay: _____

Job Title/Description of Work: _____

Reason for leaving: _____

PERSONAL

If under 18 years of age, can you provide proof of eligibility to work? Yes No
 Are you a citizen of the United States? Yes No
 If no, are you legally eligible for employment in the U.S.? Yes No
 Are you physically or otherwise unable to perform the duties of the job for which you are applying? Yes No
 Have you ever been employed with us before? If yes, when? _____ Yes No
 *Have you ever been convicted of a crime other than a traffic violation? Yes No
 If yes, please explain: _____
 (*Conviction will not necessarily disqualify you for employment.)
 Are you willing to work weekend or evening hours if scheduled to do so? Yes No
 May we contact your current employer? Yes No

Please comment on anything about yourself - skills, interests, hobbies, participation in organizations, goals, special projects you have undertaken, - that you believe pertinent to your application for employment.

REFERENCES

Please provide the names of three people we may contact who are familiar with your qualifications.

(1) Name: _____
 Address: _____
 Phone: _____
 (2) Name: _____
 Address: _____
 Phone: _____
 (3) Name: _____
 Address: _____
 Phone: _____

APPLICANT’S ACKNOWLEDGMENT

I, the applicant, understand that neither this document nor any offer of employment from this Institution constitutes an employment contract unless a specific document is executed in writing by the employer and employee. I certify that answers given in this application are true and complete to the best of my knowledge. I authorize investigation into all statements I have made on this application as may be necessary for reaching an employment decision. In the event I am employed, I understand that any false or misleading information I knowingly provided in my application or interview(s) may result in discharge and/or legal action. I also understand that if employed, I am required to abide by all rules and regulations of the Institution and any special agreements reached between the Institution and me.

Signature: _____ Date: _____

This application shall be considered active for no more than one year. Completed applications may be returned to any Harrison County Library System location or by mail to this address:

Harrison County Library System
Attention: Personnel
PO Box 2999
Gulfport MS 39505



The Harrison County Library System will E-Verify Social Security number if hired.