

# SARA HIGHTOWER REGIONAL LIBRARY

205 Riverside Parkway • Rome, Georgia 30161

## EMPLOYEE APPLICATION

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any legally protected status.

1. Position(s) Applied For:

A. \_\_\_\_\_ B. \_\_\_\_\_ C. \_\_\_\_\_

Full Time  Part Time  Temporary

2. \_\_\_\_\_ 3. \_\_\_\_\_  
 LAST NAME FIRST MIDDLE SOCIAL SECURITY #

4. \_\_\_\_\_ 5. \_\_\_\_\_  
 ADDRESS (NUMBER AND STREET) HOME PHONE NUMBER

6. \_\_\_\_\_  
 CITY STATE ZIP BUSINESS PHONE

7. If you are under 18 years of age, can you provide required proof of your eligibility to work?

Yes  No

8. When would you be available for employment? \_\_\_\_\_

11. Are you currently on "lay-off" status and subject to recall?  Yes  No

12. Have you ever been a member of the armed services?  Yes  No

Type of discharge \_\_\_\_\_

13. Do you hold a current Georgia Driver's License?  Yes  No

14. Can you travel if a job requires it?  Yes  No

15. Do you have any relatives who are employees of the Library?  Yes  No

If yes, give names and department: \_\_\_\_\_

### EDUCATION

16. Are you a high school graduate or do you hold a GED Certificate?  Yes  No

If no, circle the highest grade completed:

1 2 3 4 5 6 7 8 9 10 11 12

17.	School	Major	Minor	Degree	Grad/Date
Vocational/Tech					
College					
College					
Graduate School					

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## EMPLOYMENT HISTORY

If presently employed, may we contact your present employer?       Yes     No

Use additional sheets if necessary. List most recent jobs first.

Employed: From \_\_\_\_\_ To \_\_\_\_\_ Total Years \_\_\_\_\_ Months \_\_\_\_\_  
Starting Salary \_\_\_\_\_ Per \_\_\_\_\_ Final Salary \_\_\_\_\_ per \_\_\_\_\_  
Employer Phone \_\_\_\_\_ Supervisor \_\_\_\_\_  
Employer \_\_\_\_\_ Address \_\_\_\_\_  
Kind of Business \_\_\_\_\_ Your Position \_\_\_\_\_  
Specific Duties \_\_\_\_\_  
Reasons for Leaving \_\_\_\_\_

Employed: From \_\_\_\_\_ To \_\_\_\_\_ Total Years \_\_\_\_\_ Months \_\_\_\_\_  
Starting Salary \_\_\_\_\_ Per \_\_\_\_\_ Final Salary \_\_\_\_\_ per \_\_\_\_\_  
Employer Phone \_\_\_\_\_ Supervisor \_\_\_\_\_  
Employer \_\_\_\_\_ Address \_\_\_\_\_  
Kind of Business \_\_\_\_\_ Your Position \_\_\_\_\_  
Specific Duties \_\_\_\_\_  
Reasons for Leaving \_\_\_\_\_

Employed: From \_\_\_\_\_ To \_\_\_\_\_ Total Years \_\_\_\_\_ Months \_\_\_\_\_  
Starting Salary \_\_\_\_\_ Per \_\_\_\_\_ Final Salary \_\_\_\_\_ per \_\_\_\_\_  
Employer Phone \_\_\_\_\_ Supervisor \_\_\_\_\_  
Employer \_\_\_\_\_ Address \_\_\_\_\_  
Kind of Business \_\_\_\_\_ Your Position \_\_\_\_\_  
Specific Duties \_\_\_\_\_  
Reasons for Leaving \_\_\_\_\_

### References (not relatives):

1. Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_
2. Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_
3. Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_

I hereby certify that all statements made on this form are true to the best of my knowledge. I fully realize that should investigation disclose any misrepresentation, I will be subject to immediate dismissal.

This application for employment shall be considered active for six months. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

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

Proof of citizenship or immigration status will be required upon employment.

Date \_\_\_\_\_ Signature \_\_\_\_\_

**AN EQUAL OPPORTUNITY EMPLOYER/M-F-H**