



# APPLICATION FOR EMPLOYMENT

Administrative Offices:  
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## SANDHILL REGIONAL LIBRARY SYSTEM (SERVING ANSON, HOKE, MONTGOMERY, MOORE AND RICHMOND COUNTIES)

<http://www.srls.info/>

### *An Equal Opportunity Employer*

Please Type or Print Clearly in Ink

#### PERSONAL AND GENERAL HISTORY

Name \_\_\_\_\_ S.S. Number \_\_\_\_\_  
First M.I. Last

Address \_\_\_\_\_ Phone \_\_\_\_\_  
Street

City State ZIP

Position(s) Applying For \_\_\_\_\_ Full-Time  Part-Time

If Part-Time, Days and Hours Available \_\_\_\_\_

Date Available to Begin Work \_\_\_\_\_ Salary Requirement \_\_\_\_\_

Email Address \_\_\_\_\_

Do you have any health-related conditions that might interfere with your ability to perform the duties of the job for which you are applying? YES  NO

Have you ever been known by any other name(s) which we will require to verify any of the information contained in this application? YES  NO  If yes, give name(s) and identify the related school, employer, etc.

Have you ever been employed by this library system? YES  NO  If yes, please complete:  
Library \_\_\_\_\_ Employed From \_\_\_\_\_ To \_\_\_\_\_

Are you related by blood or marriage to any person now employed by this library system?  
YES  NO  If yes, give name and relationship \_\_\_\_\_

How were you referred to this Library?  
 Voluntary  Want AD  State Employment Office  Library Employee  Other

Have you ever been convicted of an offense other than a minor traffic violation?

YES  NO  If yes, give date, place and nature of conviction \_\_\_\_\_

#### MILITARY RECORD

Have you served in the Armed Forces? YES  NO  If yes, what branch? \_\_\_\_\_

Date of active service: From \_\_\_\_\_ To: \_\_\_\_\_  
Month Day Year Month Day Year

Rank at Discharge \_\_\_\_\_



What type of books or other materials do you enjoy reading? \_\_\_\_\_

\_\_\_\_\_

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### EMPLOYMENT RECORD

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In the space below give your employment history, beginning with your present or most recent employer and list all positions held, including part-time. Details on any period of unemployment must be included. If additional space is required, please attach additional sheets

|  |   |                    |
|--|---|--------------------|
| Name of Employer                             | Address                                   | Phone              |
| Employed (Mo. & Yr.)<br>From:            To: | Salary Starting at Termination or Present | Name of Supervisor |
| Job Title and Duties                         |   | Reason for leaving |
| Name of Employer                             | Address                                   | Phone              |
| Employed (Mo. & Yr.)<br>From:            To: | Salary Starting at Termination or Present | Name of Supervisor |
| Job Title and Duties                         |   | Reason for leaving |
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| Job Title and Duties                         |   | Reason for leaving |

If currently employed, may your employer be contacted for a reference? Yes  No

Have you ever held a supervisory position? Yes  No

If yes, where? \_\_\_\_\_

How many employees supervised? \_\_\_\_\_

Have you ever been dismissed or forced to resign from a position? Yes  No

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If yes, give details \_\_\_\_\_

Will you accept employment involving some travel? Yes  No

If yes, do you have the use of a car? Yes  No

Are you willing to drive a bookmobile? Yes  No

Will you accept employment involving irregular hours and work on Saturday and Sunday?  
Yes  No

Will you accept employment anywhere in this library system? Yes  No  If No, mark acceptable  
counties:  Anson  Hoke  Montgomery  Moore  Richmond

### REFERENCES

List three persons who are not related to you are who have a definite knowledge of your qualifications for the position for which you are applying. Do not repeat names or supervisors listed under employment record.

| Name | Address & Phone | Occupation | Email Address |
|------|-----------------|------------|---------------|
|      |                 |            |               |
|      |                 |            |               |
|      |                 |            |               |

If any pertinent items have not been covered above, use this space for additional comments:

Please read carefully before signing:

I certify that the information given by me in this application is true and complete. I understand and agree that any misrepresentation, false information, or concealment of fact is sufficient grounds for either immediate discharge without recourse or refusal of employment by the library.

I understand and agree that the library may verify all information furnished in this application. I hereby authorize all individuals and organizations named or referred to in this application to give the library all information relative to my employment, work habits, and character and hereby release such individuals, organizations, and the Sandhill Regional Library System from any liability for any claim, which may result.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date