

EMPLOYMENT APPLICATION
Bolivar County Library System
104 South Leflore Avenue, Cleveland MS 38732

Please Answer All Questions

Incomplete applications will not be considered

Today's Date _____

Name _____
Last First Middle
Present Address _____ Telephone (____) _____
Street

City State Zip

An Equal Opportunity Employer

Bolivar County Library System (BCLS) is an Equal Opportunity Employer by both policy and practice and subscribes to Federal and State laws which forbid discrimination because of race, color, age, creed, religion, sex, national origin, mental or physical disability, or veteran status.

Position applied for _____ Type of Full Time
employment Part Time
you seek: Temporary

What is your approximate salary requirement? \$ _____ per ____ Week ____ Month ____ Year

When would you be available to begin employment? _____

Would you be willing to work overtime, if asked? ____ Yes ____ No

Would you be willing to work weekends? ____ Yes ____ No

Do you have the legal right to work in the United States? ____ Yes ____ No

Have you ever been convicted of a felony, misdemeanor or been in prison? ____ Yes ____ No

If yes, please explain _____

Have you ever been denied an insurance bond ____ Yes ____ No

EDUCATION

School	Name & Location of school	Major & Degree	Yrs. Completed	Year Graduated
High School				
Business				
Trade				
Technical				
College				
Post-Graduate				

EMPLOYMENT HISTORY

Start with your current or most recent position held.

Please Answer All Questions

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Organization Name _____ Employed from _____ to _____

Address _____ Telephone (____) _____

Name & Title of immediate supervisor _____ May we contact? __ Yes __ No

Your Title _____

Starting Salary _____ Final Salary _____ Bonus/Other Compensation _____

Reason for leaving _____

Your duties and scope of responsibility _____

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SPECIALIZED SKILLS

Check Skills/Equipment Operated

_____ PC _____ Internet _____ Typing (WPM) _____

_____ Library Automation Software

_____ Other Computer Software: (List) _____

_____ Other Office Equipment _____

This space below is provided for any additional information such as military service, special aptitudes, honors, licenses, professional organizations, volunteer experience and similar items which you feel further qualifies you for the position you seek or would be of general value to BCLS in evaluating your overall qualifications.

List the names, addresses and telephone numbers of three adults who can attest to your character and work experience. **No ministers or clergy, please.**

EMPLOYMENT REQUIREMENTS

In order to determine applicants for employment, a pre-employment drug screening **MAY BE REQUIRED OF ALL APPLICANTS BEING CONSIDERED FOR EMPLOYMENT.**

Please read the following instructions and information carefully.

NOTICE

BCLS prohibits the possession and use of illegal or unauthorized drugs or use of alcohol on library property. Qualified prospective employees will be required to be tested for illegal and unauthorized drugs by a BCLS designated provider. Prospective employees will be requested to sign a consent release form authorizing the performance of the drug screening test, the results of which shall be submitted to BCLS. Individuals who test positive will not be considered for employment.

CONFIDENTIALITY

All information, interviews, reports, statements, memoranda or test results, received by BCLS or agents performing services for BCLS through this drug testing program, are confidential and will not be used or received in evidence, obtained in discovery or disclosed in any private or public proceedings, except in a proceeding related to an action taken by BCLS, in any action brought against BCLS or as required by law.

APPLICANT

I have read and understand that Bolivar County Library System requires a pre-employment **DRUG SCREENING**. I accept these conditions and consent to the requirements of the urine drug screen. I agree, in submitting to these medical tests, that the testing agency is authorized by me to provide the results of these tests to BCLS. I also understand that if I am involved in an accident on BCLS property, I will be required to submit to a post-accident drug screening test, including a test for alcohol, and that a random drug screening test may be required of me at anytime. I further agree to hold BCLS, its agents, directors, officers and employees harmless from any and all liability in connection with the testing for drugs.

Signed_____Date_____

STATEMENT

PLEASE READ THE FOLLOWING CAREFULLY

I certify that the information provided by me on this application is true and correct. I hereby authorize investigation of all statements contained in this application and permit BCLS or its agent to obtain any transcripts, records and documents pertaining to my background and work experience. I also agree to release BCLS and its agent from any liability arising there from and understand that the making of any false statements or willful omissions in this application, or any other documents relating to this application for employment may be used as grounds for denying employment or be sufficient cause for dismissal at any time from service of BCLS, if employed. I understand that employment is contingent upon the accuracy of this information.

As part of our procedure for processing your employment application, an investigative inquiry may be made into your background which will supply information concerning your character and general reputation.

Signed_____Date_____

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Cleveland, MS