

Cannon County Library System Job Application

Public Services Librarian

Full-time employment
(32 hours week or more, currently 37.5 hrs/week)

Thank you for your interest in working at the library. So that I may better get to know you, please provide the following when applying.

Applications require:

1. Cover letter
2. Resume
3. Completed application

CANNON COUNTY LIBRARY SYSTEM

212 College St.
Woodbury, TN 37190
Phone: 615-563-5861

Website: www.AdamsMemorialLibrary.org

APPLICATION FOR EMPLOYMENT

APPLICANT INFORMATION						Date:									
Last Name:		First		MI											
Street Address						Apt #									
City		State		ZIP											
Day phone		E-mail Address													
Social Security No.		Desired Salary/Hour:													
Where did you learn about this position?															
Are you at least 16 years of age?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	Are you related to a current employee?		Yes <input type="checkbox"/>	No <input type="checkbox"/>								
Are you a citizen of the United States?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	If no, are you authorized to work in the US?		Yes <input type="checkbox"/>	No <input type="checkbox"/>								
Have you ever worked for Cannon County?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	If so, when?											
Have you ever been convicted of a felony or subject to deferred adjudication for a felon?				Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, explain page 4									
INTERESTS															
Position Applied For		Availability:		Full Time <input type="checkbox"/>	Part Time <input type="checkbox"/>	Temp <input type="checkbox"/>									
Date Available to Begin Employment		Schedule		Morning	Afternoon	Evening									
		Monday		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>									
		Tuesday		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>									
		Wednesday		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>									
		Thursday		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>									
		Friday		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>									
		Saturday		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>									
		Sunday		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>									
Do you have special schedule requirements?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	If Yes, please explain:											
EDUCATION															
School Name		City/State		Field of Study		Dates Attended		GPA		Did You Graduate?					
High School										Yes <input type="checkbox"/>	No <input type="checkbox"/>				
Vocational School										Yes <input type="checkbox"/>	No <input type="checkbox"/>				
College/University										Yes <input type="checkbox"/>	No <input type="checkbox"/>				
Other Education										Yes <input type="checkbox"/>	No <input type="checkbox"/>				
Check the highest grade completed:			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
			6	7	8	9	10	11	12	1	2	3	4	5	6+
			Middle School			High School			College						

RELATED SKILLS

List office equipment with which you are proficient:	
List computer equipment and software with which you are proficient:	
Please describe your knowledge and experience in using a computer.	
It is the requirement of all employees to provide exceptional service to customers—both internal and external. Please provide an example of a situation where you have provided or observed exceptional customer service.	
Do you speak, read, write, or understand any foreign languages?	Yes <input type="checkbox"/> No <input type="checkbox"/> If so, indicate your fluency:
List any special courses or seminars taken within the last 5 years:	
Other related skills or background:	

LICENSURE/REGISTRATION (Not applicable to the library)

Type	License Number	Expiration Date	Issued by	City/State

Is your license currently under review, flagged, or has it ever been revoked (if 'yes,' please explain on a separate sheet.) Yes No

EMPLOYMENT HISTORY (INCLUDE ALL POSITIONS).

Have you ever been employed under a different name? If so, please list all names:

Most Recent Employer	Address, City, State, ZIP	Job Duties
Office Phone	From: To:	Job Title
Supervisor's Name	Reason for leaving	Salary
Status		Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temp <input type="checkbox"/>
May we contact your current employer at this time?	Yes <input type="checkbox"/> No <input type="checkbox"/>	

Previous Employer	Address, City, State, ZIP	Job Duties
Office Phone	From: To:	Job Title
Supervisor's Name	Reason for leaving	Salary
Status:		Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temp <input type="checkbox"/>

Previous Employer	Address, City, State, ZIP		Job Duties
Office Phone	From: To:	Job Title	
Supervisor's Name	Reason for leaving	Salary	Status Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temp <input type="checkbox"/>

Include additional employers below

MILITARY SERVICE

Branch		From		To	
Rank at Discharge		Type of Discharge			
In other than honorable, explain					

DISCLAIMER AND SIGNATURE

1. I certify that the information contained in this application is correct to the best of my knowledge. I understand that to falsify information is grounds for refusing to hire me, or for discharge should I be hired. If this application leads to employment, I understand that false or misleading information in my application or interview may result in termination of employment.
2. I authorize any person, organization or company listed on this application to furnish you any and all information concerning my previous employment, education and qualifications for employment. I also authorize you to request and receive such information.
3. Further, I release all such parties from all liability from any damages which may result from furnishing such information.
4. I also acknowledge that my employment may be terminated, or any offer or acceptance of employment withdrawn, at any time, with or without cause, and with or without prior notice at the option of the county or myself.

Signature		Date	
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Please supplement this record with a resume and cover letter.

Thank you for your interest in employment with CCLS

Extra pages for employment and/or felony information follow this page

Optional Sheet for Additional Information

EMPLOYMENT HISTORY (INCLUDE ALL POSITIONS).			
Previous Employer	Address, City, State, ZIP		Job Duties
Office Phone	From: To:	Job Title	
Supervisor's Name	Reason for leaving	Salary	Status Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temp <input type="checkbox"/>
Previous Employer	Address, City, State, ZIP		Job Duties
Office Phone	From: To:	Job Title	
Supervisor's Name	Reason for leaving	Salary	Status Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temp <input type="checkbox"/>
Previous Employer	Address, City, State, ZIP		Job Duties
Office Phone	From: To:	Job Title	
Supervisor's Name	Reason for leaving	Salary	Status Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temp <input type="checkbox"/>
Previous Employer	Address, City, State, ZIP		Job Duties
Office Phone	From: To:	Job Title	
Supervisor's Name	Reason for leaving	Salary	Status Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temp <input type="checkbox"/>

FELONY INFORMATION	
Additional space for felony conviction or deferred adjudication for a felony charge. Provide: <ul style="list-style-type: none"> • Dates • Nature of offense • Name and location of the court • Disposition of the cases(s) 	