

**Cannon County Library System  
Job Application  
Library Clerk, Part-Time**

Rev 8/24/2023

**CANNON COUNTY LIBRARY SYSTEM**

212 College St.

Woodbury, TN 37190

Phone: 615-563-5861

Website: AdamsMemorialLibrary.org

An Equal Opportunity Employer

## APPLICATION FOR EMPLOYMENT

Please print in black or blue ink.

If filled out on-line, use the tab key to move through the form; must submit in person.

### APPLICANT INFORMATION

Last Name \_\_\_\_\_ First \_\_\_\_\_ M.I. \_\_\_\_\_ Date \_\_\_\_\_

Street Address \_\_\_\_\_ Apartment/Unit# \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ E-mail Address \_\_\_\_\_

Social Security No. \_\_\_\_\_

Where did you learn about this position? \_\_\_\_\_

Are you at least 17 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 U.S.?	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 felony?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	(If yes, explain on last page, page 5.)		

### INTEREST

Position Applied For _____	Availability (mark all that apply):			
Date Available to Begin Employment _____	Full-time <input type="checkbox"/>	Part-time <input type="checkbox"/>	Temp <input type="checkbox"/>	
Desired Salary/Hour: _____	Hours Available:			
Tell briefly why you are interested in employment with the Cannon County Library System:		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:
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## EDUCATION

Indicate highest grade completed:	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10	<input type="checkbox"/> 11	<input type="checkbox"/> 12	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6+
	Middle School			High School				College					

List all schools attended: high school and above, technical/vocational, college, business, military, etc.

	School Name	City/State	Field of Study/ Certificate or Degree Received	Dates Attended	GPA	Did You Graduate	
<b>High School</b>						Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>Vocational School</b>						Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>College/ University</b>						Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>Other Education</b>						Yes <input type="checkbox"/>	No <input type="checkbox"/>

## RELATED SKILLS

List office equipment with which you are proficient:

Summarize special training, skills and proficiencies (i.e., typing, etc.):

Please describe your knowledge and experience in using a computer. Please list any computer programs you have worked with and your proficiencies :

It is the requirement of all employees to provide exceptional service to customers – both internal and external. Please provide us with 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  No  If so, indicate your fluency:

List any special courses or seminars taken within the last 5 years:

List any activities and other information you feel would be of use in evaluation of your qualifications for the position you seek (e.g., professional assoc., positions in outside organizations). Do not list information revealing race, religion, color, national origin, sex, age or ancestry.

**LICENSURE/REGISTRATION**

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  No

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 on the last page (page 5).

<b>MILITARY SERVICE</b>				
Branch		From		To
Rank at Discharge		Type of Discharge		
If other than honorable, explain				

<b>DISCLAIMER AND SIGNATURE</b>				
<p>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.</p> <p>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. Also, I authorize you to request and receive such information.</p> <p>3. Further, I release all such parties from all liability from any damages which may result from furnishing such information.</p> <p>4. I also acknowledge that my employment may be terminated, or any offer of acceptance of employment withdrawn, at any time, with or without cause, and with or without prior notice at the option of the Library Director or myself.</p>				
Applicant Signature:		Date		

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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"/>

Use additional pages for employment history, if needed