



Craven- Pamlico Regional Library

Application for Employment

Thank you for applying for employment with our library system.

Some important points:

- Submission of this application does not guarantee employment.
- This full application must be submitted. Additional information (e.g. a resume or letter of introduction) may also be included.
- The completed application should be submitted to the Librarian at the library location where you are applying to work.
- Please read over the application carefully, and print your responses.
- In compliance with the Immigration Reform and Control Act of 1986, you will be required to provide approved documentation that verifies your right to work in the United States in the event you are offered and accept employment with the Craven-Pamlico Regional Library.
- We maintain Applications for Employment for two (2) years from the date of submission.

CRAVEN-PAMLICO REGIONAL LIBRARY

Application for Employment----- **PLEASE PRINT**

Our policy is to provide Equal Employment Opportunity to all qualified persons without regard to race, creed, color, religious belief, sex, age, national origin, ancestry, physical or mental disability, or veteran status.

Date of Application: _____

Contact Information:

Name: First: _____ Middle: _____ Last: _____

Date of Birth : _____ (Applicants under 18 years of age will need a Work Permit if hired)

Street Address: _____

Mailing Address: _____

City: _____ State: _____ ZIP Code: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

E-Mail Address: _____

Are you a U.S. citizen or otherwise authorized to work in the U.S. on an unrestricted basis? (You may be required to provide documentation.) Yes No

Have you ever been convicted of a felony? (This will not necessarily affect your application.)

Yes No

If yes, please describe conditions. _____

Employment Desired

Position : _____ Library: _____

Referral Source: _____

Have you ever applied for employment with CPRL before? Yes No

When? _____ Where? _____

Have you ever been employed by CPRL before? Yes No

When? _____ Where? _____

Are you presently employed? Yes No

Are you available for full-time work? Yes No Are you available for part-time work? Yes No Date you can start _____

Are you related by blood or marriage to any person now working for or a Board of Trustee for CP Regional Library? If yes, give their name, relationship to you, and the library where they work or are a Board Member.

_____ Yes _____ No

<u>EDUCATION</u>	School Name/Location	Year Graduated	Major	Degree
High School				
College				
College				
Post-College				
Other Training				

Please list membership(s) in professional, honorary, or technical societies:

In addition to your work history, are there any other skills, qualifications, or experience that we should consider?

Work History (Please list your most recent job first)

1. Company Name and Location

Date Started: _____ Starting Wage/Salary: _____ Starting Position: _____

Date Ended: _____ Ending Wage/Salary: _____ Ending Position: _____

Full Time: Years _____ Months _____

Part Time: Years _____ Months _____ If part time, number of hours worked per week: _____

May we contact your Supervisor? Yes No

Supervisor Information:

Name: _____ Phone number: _____

Email: _____

Summary of Duties: _____

Reason for leaving _____

Company Name and Location

Date Started: _____ Starting Wage/Salary: _____ Starting Position: _____

Date Ended: _____ Ending Wage/Salary: _____ Ending Position: _____

Full Time: Years _____ Months _____

Part Time: Years _____ Months _____ If part time, number of hours worked per week: _____

May we contact your Supervisor? Yes No

Supervisor Information:

Name: _____ Phone number: _____

Email: _____

Summary of Duties: _____

Reason for leaving _____

2. Company Name and Location

Date Started: _____ Starting Wage/Salary: _____ Starting Position: _____

Date Ended: _____ Ending Wage/Salary: _____ Ending Position: _____

Full Time: Years _____ Months _____

Part Time: Years _____ Months _____ If part time, number of hours worked per week: _____

May we contact your Supervisor? Yes No

Supervisor Information:

Name: _____ Phone number: _____

Email: _____

Summary of Duties: _____

Reason for leaving _____

3. Company Name and Location

Date Started: _____ Starting Wage/Salary: _____ Starting Position: _____

Date Ended: _____ Ending Wage/Salary: _____ Ending Position: _____

Full Time: Years _____ Months _____

Part Time: Years _____ Months _____ If part time, number of hours worked per week: _____

May we contact your Supervisor? Yes No

Supervisor Information:

Name: _____ Phone number: _____

Email: _____

Summary of Duties: _____

Reason for leaving _____

4. Company Name and Location

Date Started: _____ Starting Wage/Salary: _____ Starting Position: _____

Date Ended: _____ Ending Wage/Salary: _____ Ending Position: _____

Full Time: Years _____ Months _____

Part Time: Years _____ Months _____ If part time, number of hours worked per week: _____

May we contact your Supervisor? Yes No

Supervisor Information:

Name: _____ Phone number: _____

Email: _____

Summary of Duties: _____

Reason for leaving _____

Library Experience and/or Training:

References

List three (3) personal references, not related to you, who have known you for more than one year.

Name: _____ Phone: _____ Years Known: _____

Address: _____

Email Address: _____

Name: _____ Phone: _____ Years Known: _____

Address: _____

Email Address: _____

Name: _____ Phone: _____ Years Known: _____

Address: _____

Email Address: _____

Please Read Before Signing:

I certify that all information provided by me on this application is true and complete to the best of my knowledge and that I have withheld nothing that, if disclosed, would alter the integrity of this application.

I authorize my previous employers, schools, or persons listed as references to give any information regarding employment or educational record. I agree that Craven-Pamlico Regional Library (CPRL) and my previous employers will not be held liable in any respect if a job offer is not extended, or is withdrawn, or employment is terminated because of false statements, omissions, or answers made by myself on this application. In the event of any employment with CPRL, I will comply with all rules and regulations as set by CPRL in any communication distributed to the employees.

In compliance with the Immigration Reform and Control Act of 1986, I understand that I am required to provide approved documentation to CPRL that verifies my right to work in the United States on the first day of employment. I have received from CPRL a list of the approved documents that are required.

I understand that employment at this company is "at will," which means that either I or CPRL can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All employment is continued on that basis. I hereby acknowledge that I have read and understand the above statements.

Your Signature: _____

Date _____

Immigration Reform and Control Act Requirement

In compliance with the Immigration Reform and Control Act of 1986, you are required to provide approved documentation that verifies your right to work in the United States prior to your employment with CPRL. Please be prepared to provide us with the following documentation in the event you are offered and accept employment with our company.

Any one (1) of the following: (These establish both identity and employment authorization.)

1. U.S. Passport.
2. Certificate of U.S. Citizenship (issued by USCIS).
3. Certificate of Naturalization (issued by USCIS).
4. Resident alien card or other alien unexpired endorsement card, with photo or other approved identifying information which evidences employment authorization.
5. Unexpired foreign passport with unexpired endorsement authorizing employment.

Or one (1) from List A and one (1) from List B:

List A (These establish employment authorization.)

1. Social Security card.
2. Birth Certificate or other documentation that establishes U.S. nationality or birth.
3. Other approved documentation.

List B

1. Driver's license or similar government identification card with photo or other approved identifying information.
2. Other approved documentation of identity for applicants under age 16 or in a state that does not issue an I.D. card (other than a driver's license).