

MISSISSIPPI COUNTY LIBRARY SYSTEM (MCLS)
200 NORTH FIFTH STREET
BLYTHEVILLE, AR 72315
870-762-2431

APPLICATION FOR EMPLOYMENT

Our policy is to provide equal opportunity to all qualified persons without regard to race, creed, religious belief, sex, age, national origin, ancestry, handicap, or veteran status.

NAME: Last _____ First _____ Middle _____

NAME (Any other name previously used): _____

Street Address _____

City _____ State _____ Zip Code _____

Telephone _____ Alternate Telephone Number _____

Social Security Number _____

E-mail _____ @ _____ . _____

Position applied for _____

When you can start _____ Desired wage \$ _____

Are you a U.S. citizen or otherwise authorized to work in the U.S. on an unrestricted basis?

Yes _____ No _____

Can you show proof of this status upon being hired? Yes _____ No _____

Are you available for full-time employment? _____ Part-time? _____

Evenings? _____ Weekends? _____ Overtime? _____ Temporary? _____

The library serves as a host for the Senior Community Service Employment Program, which employs qualifying persons 55 years and older on a part-time basis. Please indicate your interest in the program by putting your initials in the blank following this sentence: _____

Can you show proof of age upon being hired? Yes _____ No _____

At which library location(s) would you be available to work? Blytheville _____

Keiser _____ Leachville _____ Manila _____ Osceola _____ Wilson _____

EDUCATION: School Name and Location	Degree Received	Major
High School: _____	_____	_____
College: _____	_____	_____
College: _____	_____	_____
Other Training: _____	_____	_____

Please list any other skills, qualifications or experience we should consider:

What languages, other than English, can you fluently read, speak, or write?

Employment History (Start with most recent employer):

Company Name _____

Address _____ Telephone _____

Date started _____ Starting wage _____ Starting position _____

Date ended _____ Ending wage _____ Ending position _____

Name of supervisor _____ May we contact? _____

Responsibilities _____

Reason for leaving _____

Company Name _____

Address _____ Telephone _____

Date started _____ Starting wage _____ Starting position _____

Date ended _____ Ending wage _____ Ending position _____

Name of supervisor _____ May we contact? _____

Responsibilities _____

Reason for leaving _____

Company Name _____
Address _____ Telephone _____
Date started _____ Starting wage _____ Starting position _____
Date ended _____ Ending wage _____ Ending position _____
Name of supervisor _____ May we contact? _____
Responsibilities _____
Reason for leaving _____

Work and Professional References - **NO FAMILY OR FRIENDS** - Please complete in full

Name: Last _____ First _____
Street Address _____
City _____ State _____ Zip Code _____
Telephone _____ Email _____
Relationship to you _____

Name: Last _____ First _____
Street Address _____
City _____ State _____ Zip Code _____
Telephone _____ Email _____
Relationship to you _____

Name: Last _____ First _____
Street Address _____
City _____ State _____ Zip Code _____
Telephone _____ Email _____
Relationship to you _____

Have you ever been convicted of a felony? _____
If yes, please describe the circumstances on the back of this sheet.

POLICE AND CREDIT CHECK AUTHORIZATION

I authorize the MCLS to verify my criminal record with the proper authorities in the consideration of my application. I understand that a criminal record will not prohibit my employment but will be considered in relation to specific job requirements and duties. I further authorize the MCLS to verify my credit record (consumer report) in the consideration of my application. I further understand that the MCLS will use Courthouse Concepts, Inc. to confirm employment eligibility of all new hires.

Signature _____ Date _____

I certify that the facts set forth in this application are true and complete to the best of my knowledge. I understand that if I am employed, false statements on this application shall be considered sufficient cause of dismissal. The MCLS is hereby authorized to make any necessary investigations of my prior educational and employment history.

Signature _____ Date _____

APPLICATIONS ARE KEPT ON FILE FOR A MINIMUM OF SIX MONTHS
PLEASE FEEL FREE TO FILL OUT ANOTHER APPLICATION AFTER THAT PERIOD