

JACKSON-GEORGE REGIONAL LIBRARY SYSTEM
3214 Pascagoula Street
Pascagoula, Mississippi 39567
(228)769-3227

An Equal Employment Opportunity/Diverse Action Employer

APPLICATION FOR EMPLOYMENT
ADMINISTRATIVE/PROFESSIONAL

This is a four page document. If you are filling out application by computer, you will need to adjust the pages properly.

Qualified applicants are considered for all positions without regard to age, race, color, sex, religion, national origin, physical limitations not crucial to job performance, or other non-merit factor.

ALL ITEMS ON THIS APPLICATION FORM MUST BE ANSWERED IN FULL. DO NOT ATTACH RESUME OR OTHER DOCUMENT EXCEPT AS REQUESTED. PLEASE PRINT OR TYPE.

For office use only

IA: _____
DI: _____
DR: _____

General Information

Date of Application: _____

Position Applied For: _____

What is the minimum annual salary you would accept?: \$ _____

Referral Source: (Circle One) Advertisement Friend Relative Walk-In Employment Agency

Other (Specify): _____

Name: _____ Soc. Sec. No.: _____

Present Address: _____
Number/Street (or P. O. Box) City State Zip

Permanent Address: _____
Number/Street (or P. O. Box) City State Zip

Home Telephone Number Business Telephone Number Cell Telephone Number

Do you have any relatives (employees/trustees) associated with the Library System? Yes No

If yes, please provide name and relation to you: _____

Have you filed an application here before? Yes No If yes, when: _____

Have you been employed here before? Yes No If yes, when: _____

On what date are you available for work? _____

Are you available to work: Full-Time Part-Time Substitute Any

Hours/days you can work: Day Shift Evening Shift Saturdays Any Shift/Any Day

Indicate all library locations where you would accept employment:

All East Central Gautier Lucedale/George County Moss Point Ocean Springs

Pascagoula/Regional Headquarters St. Martin Vanleave

Do you have a driver's license? Yes No If yes, provide driver's license number and state: _____

Do you own an automobile? Yes No Can you travel, including overnight(s) if required? Yes No

Can you operate a typewriter/computer keyboard? Yes No If yes, WPM _____

What office and library-related equipment can you operate? _____

Education

Level	Name/Address of School	Course of Study	No. Yrs. Completed	Did You Graduate?	Type Degree/Date
Graduate School				Yes No	
Undergraduate College or University				Yes No	
High School/ G.E.D.					
Other				Yes No	

How many **UNDERGRADUATE** semester hours/credits in **LIBRARY SCIENCE** do you have? _____

How many **GRADUATE** semester hours/credits in **LIBRARY SCIENCE** do you have? _____

(Graduate and/or undergraduate transcripts will be required; see instructions in position announcement)

Professional Memberships

List all current professional library association personal memberships below: _____

Professional References (Do not include present or former **immediate** supervisors.)

	Name and Occupation	Address	Phone Number
1.			
2.			

Personal References (Do not include former employers or relatives.)

	Name and Occupation	Address	Phone Number
1.			
2.			

Special Skills and Abilities

What experience do you have with computers and/or automated library systems (identify hardware and software used)? _____

What are your reading interest, special skills, talents, etc.? _____

Experience

Resumes are not accepted as a substitute for completion of this section

Start with your present or most recent position and work back. Answer all items for each position, including starting/ending salaries. Account for all periods of unemployment exceeding three (3) months since beginning your professional career.

Unless you indicate otherwise, we WILL contact employers/supervisors identified below for work performance references.

DO NOT CONTACT

Employer:
Reason:
Employer:
Reason:

A.

Starting Date	Ending Date	Starting Salary/Year	Ending Salary/Year	Hours per week

Name and complete address of employer:
Name, title and phone number of your immediate supervisor:
Exact title of your position:
Number of employees you supervised:
Reason for leaving:
Description of duties:

B.

Starting Date	Ending Date	Starting Salary/Year	Ending Salary/Year	Hours per week

Name and complete address of employer:
Name, title and phone number of your immediate supervisor:
Exact title of your position:
Number of employees you supervised:
Reason for leaving:
Description of duties:

C.

Starting Date	Ending Date	Starting Salary/Year	Ending Salary/Year	Hours per week

Name and complete address of employer:
Name, title and phone number of your immediate supervisor:
Exact title of your position:
Number of employees you supervised:
Reason for leaving:
Description of duties:

D.

Starting Date	Ending Date	Starting Salary/Year	Ending Salary/Year	Hours per week

Name and complete address of employer:
Name, title and phone number of your immediate supervisor:
Exact title of your position:
Number of employees you supervised:
Reason for leaving:
Description of duties:

Other

Have you ever been convicted of or forfeited bond for any felony, or are you currently on probation for any felony in a court of law? Yes No

(A felony is defined as an offense punishable by imprisonment for a term exceeding one year.)

If yes, give details on a separate sheet of paper for each offense – provide (1) date, (2) charge, (3) place, (4) court, and (5) action taken. You must disclose any conviction involving a sentence or suspended sentence. However, you may omit: (1) minor traffic violations/fines; (2) any offense committed before your 18th birthday which was finally adjudicated in a youth court; (3) any conviction the record of which has been expunged under Federal or State Law.

Essay

The following question **MUST** be answered by all applicants. **BE SUCCINCT.**

What are the major challenge(s) facing public libraries during the coming decade?

Incomplete and/or unsigned applications will be returned to the applicant.

Read and sign below

I certify that all the foregoing statements are complete, true and correct to the best of my knowledge and belief. In consideration of the employment sought, I hereby authorize the Jackson-George Regional Library System to make an investigation and request former employees to furnish any information concerning me, and I release them from any and all liabilities or damages because of furnishing such information.

In the event of employment, I understand that misrepresentation of information given in my application and/or interview may subject me to disqualification for competition for any job or to termination of employment if employed by the Library System. I understand, also, that I am required to abide by all the policies, procedures and standards of conduct of the Jackson-George Regional Library System.

Signature of Applicant

Date

Have you enclosed other documents (resume, etc.) as requested?