

Pamunkey Regional LIBRARY

P. O. Box 119, Hanover, VA 23069-0119, (804) 365-6211, www.pamunkeylibrary.org

APPLICATION FOR EMPLOYMENT

Position Applying for _____ Full-time Part-time
Position Title

Branch _____ Date _____

PERSONAL DATA

Name: _____
LAST FIRST MIDDLE

Address: _____
ADDRESS CITY STATE ZIP

Telephone Numbers Home: _____ Work: _____
 Cell: _____

E mail Address: _____

Are you eligible for employment in the United States? _____

Have you ever worked for Pamunkey Regional Library? _____ If Yes, When? _____

When will you be available to begin work? _____ What is the minimum salary you will accept? _____ Per _____

Do you have any relatives employed by Pamunkey Regional Library? _____ If yes, please identify: _____

Do you have an equivalency diploma (GED)? _____ Date completed _____

EDUCATION					
SCHOOL	NAME & LOCATION	FIELD OF STUDY	DATES ATTENDED	DID YOU GRADUATE?	DIPLOMA / DEGREE RECEIVED
HIGH SCHOOL			DO NOT ENTER HIGH SCHOOL DATES		
COLLEGE					
GRADUATE					

EMPLOYMENT HISTORY List current or most recent employer first.	
Name of current/last employer	Name of immediate supervisor:
	Dates of employment (MM/YY): _____ To _____
Telephone Number	Status:
Job Title	Number of hours worked per week:
Job Description: _____	
Reason for Leaving: _____	
Employer can be contacted for reference: _____	

Name of current/last employer	Name of immediate supervisor:
	Dates of employment (MM/YY): _____ To _____
Telephone Number	Status:
Job Title	Number of hours worked per week:
Job Description: _____	
Reason for Leaving: _____	
Employer can be contacted for reference: _____	

Name of current/last employer	Name of immediate supervisor:
	Dates of employment (MM/YY): _____ To _____
Telephone Number	Status:
Job Title	Number of hours worked per week:
Job Description: _____	
Reason for Leaving: _____	
Employer can be contacted for reference: _____	

Name of current/last employer	Name of immediate supervisor:
Telephone Number	Dates of employment (MM/YY): _____ To _____
Job Title	Status: _____
	Number of hours worked per week: _____
Job Description: _____	
Reason for Leaving: _____	
Employer can be contacted for reference: _____	

Name of current/last employer	Name of immediate supervisor:
Telephone Number	Dates of employment (MM/YY): _____ To _____
Job Title	Status: _____
	Number of hours worked per week: _____
Job Description: _____	
Reason for Leaving: _____	
Employer can be contacted for reference: _____	

Name of current/last employer	Name of immediate supervisor:
Telephone Number	Dates of employment (MM/YY): _____ To _____
Job Title	Status: _____
	Number of hours worked per week: _____
Job Description: _____	
Reason for Leaving: _____	
Employer can be contacted for reference: _____	

Computer Software in which you are proficient: _____

LICENSE	TYPE	STATE	NUMBER	DATE RECEIVED	EXPIRATION DATE
Driver's License					
Other					
Other					
Other					

Have you ever been dismissed or requested to resign from a former position?

Yes

No

If Yes, please provide explanation: _____

PERSONAL REFERENCES (Other than a supervisor listed in the employment section, who has knowledge of your qualifications):

NAME	RELATIONSHIP	ADDRESS	TELEPHONE NUMBER

PLEASE READ CAREFULLY AND SIGN BELOW:

I certify that answers given herein are true and complete. I hereby grant Pamunkey Regional Library permission to request any school of learning, creditor, past or present employer, government agency that maintains driving records or law enforcement agency to release information contained in their records for use in conducting research specifically relating to my suitability as an employee of Pamunkey Regional Library, except where my written statement upon this form specifically requests that no investigation be made. I understand this information is for use by Pamunkey Regional Library and will be safeguarded against unauthorized disclosure to any agency or individual not having a legitimate need for it and the authority for its release.

I understand that any misrepresentation of facts in this application will be considered just cause for dismissal at the discretion of the employer. In the event that I am employed, I understand that I am required to abide by the policies and procedures of Pamunkey Regional Library.

SIGNATURE _____ **DATE** _____