

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:
Street Address:		
	State:	
Home Phone:	Cell Phone:	Work Phone:
E-Mail Address:		
	of age will need a Work Permit if hired	
required to provide document		on an unrestricted basis? (You may be ily affect your application.)
	tions	
Employment Desired		
Referral Source:		
Have you ever applied for e	mployment with CP Regional Library	before? 🗖 Yes 🗖 No
When?	Where?	
	ed by CP Regional Library before?	
When?	Where?	
Are you presently employed	? 🗆 Yes 📮 No	
Are you available for full-tin	ne work? 🛛 Yes 🖵 No Are you av	vailable for part-time work? 🗖 Yes 🛛 N
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Are you related by blood or marriage to any person now working with CP Regional Library? If yes, give their name, relationship to you, and the library where they work.

EDUCATION	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	Months If part time, number of hours worked per week:	
May we contact your Supervi	sor? 🗖 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 Supe	ervisor? 🛛 Yes 🗖 I	No	
Supervisor Information:			
Name:		F	hone number:
Email:			
Reason for leaving			
3. Company Name a	and Location		
Date Started:	Starting Wage	Salary.	Starting Position:
			Ending Position:
Full Time: Years			
			, number of hours worked per week:
May we contact your Supe			, number of nouis worked per week.
Supervisor Information:		10	
1		г	hono number
Name:			hone number:
Summary of Duties:			
Reason for leaving			

# 4. Company Name and Location

Date Started:	Starting Wage/Salary:		Starting Position:
Date Ended:			Ending Position:
Full Time: Years	Months		
Part Time: Years	Months	If part tim	e, number of hours worked per week:
May we contact your Supe	rvisor? 🛛 Yes 🗖 🛛	No	
Supervisor Information:			
Name:			Phone number:
Email:			
Reason for leaving			
5. Company Name a			
			Starting Position:
			Ending Position:
Full Time: Years	Months		
Part Time: Years	Months	If part tim	e, number of hours worked per week:
May we contact your Supe	rvisor? 🛛 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:		

## 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 CP Regional Library 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 CP Regional Library, I will comply with all rules and regulations as set by CP Regional Library 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 CP Regional Library that verifies my right to work in the United States on the first day of employment. I have received from CP Regional Library 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 CP Regional Library 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 CP Regional Library. 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).