

Application for Employment

INSTRUCTIONS TO APPLICANTS

THE NEW-BERN CRAVEN COUNTY PUBLIC LIBRARY EMPLOYS ONLY U.S. CITIZENS OR ALIENS WHO CAN PROVIDE PROOF OF IDENTITY AND WORK AUTHORIZATION WITHIN 3 WORKING DAYS OF EMPLOYMENT. MALES SUBJECT TO MILITARY SELECTIVE SERVICE REGISTRATION MUST CERTIFY COMPLIANCE TO BE ELIGIBLE. SEE AVAILABILITY BLOCK.

TO BE CONSIDERED FOR EMPLOYMENT:

- YOU MUST ANSWER ALL QUESTIONS AND COMPLETE ALL SECTIONS OF THIS APPLICATION FORM.
- SUBMIT A COVER LETTER.
- SUBMIT A LIST OF THREE PROFESSIONAL REFERENCES OTHER THAN RELATIVES. INCLUDE NAME, TITLE, ADDRESS, PHONE NUMBER, AND EMAIL ADDRESS.

WHEN COMPLETING THIS APPLICATION, PLEASE MAKE SURE YOU

- APPLY FOR ONE VACANCY PER APPLICATION.
- COMPLETE THE SECTION FOR EQUAL OPPORTUNITY INFORMATION.
- GIVE COMPLETE INFORMATION ON YOUR EDUCATION AND WORK HISTORY ("SEE RESUME" IS NOT ACCEPTABLE). PLEASE ATTACH EXTRA WORK HISTORY SHEETS AS NECESSARY.
- LIST SEPARATELY EACH JOB HELD AND YOUR DUTIES FOR EACH POSITION WHEN YOU WORKED FOR ONE EMPLOYER AND HELD MORE THAN ONE POSITION.
- AS YOU DESCRIBE YOUR WORK HISTORY, MAKE SURE YOU HIGHLIGHT YOUR COMPETENCIES (KNOWLEDGE, SKILLS, ABILITIES AND WORK BEHAVIORS) WHICH DEMONSTRATE YOUR QUALIFICATIONS FOR THE POSITION FOR WHICH YOU ARE APPLYING.
- PROVIDE ONLY THE LAST FOUR DIGITS OF YOUR SOCIAL SECURITY NUMBER.
- CHECK FOR ACCURACY, SIGN AND DATE YOUR APPLICATION.

THANK YOU FOR YOUR INTEREST. THE NEW BERN-CRAVEN COUNTY PUBLIC LIBRARY WANTS TO FIND THE BEST QUALIFIED PEOPLE AVAILABLE TO SERVE ITS USERS. ALTHOUGH EVERYONE WHO APPLIES CANNOT BE HIRED, YOUR APPLICATION WILL BE GIVEN EVERY CONSIDERATION.

TO APPLY, SEND COVER LETTER, APPLICATION, AND REFERENCES TO

**New Bern-Craven County Public Library
Attn: Librarian
400 Johnson Street
New Bern, NC 28560**

or

librarian@nbccpl.org

APPLICATION FOR EMPLOYMENT

Date of Application

Last 4 digits Social Security No.	Last Name	First Name	Middle Name
Address		City	County
State	Zip Code	Phone (Cell or Home)	Phone (Business)
Email address			

<p>Availability</p> <p>Do you currently work for any Craven-Pamlico-Carteret Library?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	<p>Are you related by blood or marriage to any person now working for any Craven-Pamlico-Carteret Library?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p>If yes, give the name, relationship to you, and where employed:</p>	<p>If subject to Military Selective Service registration, certify compliance by initialing below</p> <p><input type="checkbox"/> Does not apply</p>
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Military Service

Have you served honorably in the Armed Forces of the United States on active duty for reasons other than training? Yes No

Do you wish to declare a service-connected disability? Yes No

At this time, are you the surviving spouse or dependent of a deceased veteran who died from service-related reasons? Yes No

Do you wish to declare eligibility for veterans preference as the spouse of a disabled veteran? Yes No

Give dates of your (or spouse's) qualifying active military service:

Entered: _____ Separated: _____ Branch: _____ Rank: _____

Enter the earliest date you could begin work (mm/dd/yyyy):

Enter the title & location of the job for which you are applying:

Referral Source

How did you hear about this job?

Education

Highest level completed: High School Diploma GED College Graduate School

List the credit you received: Semester Hours Quarter Hours

School	Name & Location	Dates Attended	Grad?	S/Q Hrs	Major	Degree Rec'd
High School		From: To:	<input type="checkbox"/> Yes <input type="checkbox"/> No			
College or University		From: To:	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Graduate		From: To:	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Other educational, vocational, or internships		From: To:	<input type="checkbox"/> Yes <input type="checkbox"/> No			

Special training programs and seminars you have completed in the last five years (list):				
If the job applied for calls for specific courses, indicate those courses taken or credits received:				
Current professional status: (list field of work for which you have been registered) Registration State: No.:				
Membership in professional, honorary, or technical societies (list):	<p style="text-align: center;"><u>DO NOT COMPLETE THIS BLOCK</u> Degrees and Professional Credentials</p> <input type="checkbox"/> Have been verified <input type="checkbox"/> Will be verified within 90 days Person Responsible:			
Licenses and certifications (list, giving dates and sources of issuance):				
<p>Skills</p> <p>Check the following skills, experiences, etc. that you have:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;"><input type="checkbox"/> Drivers License Number: State:</td> <td style="width: 33%;"><input type="checkbox"/> Sign Language <input type="checkbox"/> Foreign Language: <input type="checkbox"/> Typing: wpm <input type="checkbox"/> Shorthand: wpm</td> <td style="width: 33%;"><input type="checkbox"/> Braille <input type="checkbox"/> Word processing <input type="checkbox"/> Other:</td> </tr> </table>		<input type="checkbox"/> Drivers License Number: State:	<input type="checkbox"/> Sign Language <input type="checkbox"/> Foreign Language: <input type="checkbox"/> Typing: wpm <input type="checkbox"/> Shorthand: wpm	<input type="checkbox"/> Braille <input type="checkbox"/> Word processing <input type="checkbox"/> Other:
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Have you ever been convicted of an offense against the law other than a minor traffic violation? (A conviction does not mean you cannot be hired. The offense and how recently you were convicted will be evaluated in relation to the job for which you are applying.) <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain fully on an additional sheet.				

Work History				
Beginning with your current or most recent employer, record your work history. Include volunteer experience. Use as many additional sheets as necessary (see below). As you describe your work history experiences, be sure to highlight your competencies which demonstrate your qualification for the position for which you are applying.				
Employer:		Address:		
Job Title:		Supervisor's Name:	Telephone No.:	No. Supervised by you:
Date Employed (mo/yr)	Starting Salary \$ per	Ending Salary \$ per	Reason for Leaving	May we contact Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Date Separated (mo/yr)	List major duties that demonstrate your competencies related to the position for which you are applying in order of their importance in the job:			
Full Time Yrs Mos				
Part Time Yrs Mos				
If part time, number of hours worked per week:				

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I certify that I have given true, accurate and complete information on this form to the best of my knowledge. In the event confirmation is needed in connection with my work, I authorize educational institutions, associations, registration and licensing boards, and others to furnish whatever detail is available concerning my qualifications. I authorize investigation of all statements made in this application and understand that false information or documentation, or a failure to disclose relevant information may be grounds for rejection of my application, disciplinary action or dismissal if I am employed, and (or) criminal action. I further understand that dismissal upon employment shall be mandatory if fraudulent disclosures are given to meet position qualifications (Authority: G.S. 126-30, G.S. 14-122.1.)

Signature: _____ **Date:** _____

Equal Opportunity Information

State policy prohibits discrimination based on race, sex, color, creed, national origin, age, genetic information or disability. Sex, age or absence of disability is a bona fide occupational qualification in a small number of jobs. The information requested below will in no way affect you as an applicant. Its sole use is to see how well our recruitment efforts are reaching all segments of the population.

<p>Date of Birth</p> <p>MM/DD/YYYY</p> <p>Gender</p> <p><input type="checkbox"/> M <input type="checkbox"/> F</p>	<p>Ethnic Group (check all that apply)</p> <p><input type="checkbox"/> White (non-Hispanic)</p> <p><input type="checkbox"/> Black (non-Hispanic)</p> <p><input type="checkbox"/> Hispanic (Mexican, Puerto Rican, Cuban, Central or South American, other Spanish origin, regardless of race)</p> <p><input type="checkbox"/> Asian (including Pacific Islander)</p> <p><input type="checkbox"/> American Indian (including Alaskan Native)</p>
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