

Craven- Pamlico-Carteret Regional Library Application for Employment

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) 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 response.
- 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 CPC Regional Library.
- We maintain Applications for Employment for two (2) years from the date of submission.

CRAVEN-PAMLICO-CARTERET 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							
First Name:	Middle N	ame:		Last	Name:		
Date of Birth:	ate of Birth: (Applicants under 18 years of age will need a Work Permit if hired)						
Street Address:							
Mailing Address:							
City:							
Home Phone:							
Email Address:							
required to provide docume Yes No Have you ever been convict		This will 1	not necessaril	y affect your	application.)		
Yes No							
If yes, please describe cond	itions.						
Employment Desired							
Position:			Library:				
Referral Source:							
Have you ever applied for e When?	1 0	Č	•	before?	Yes	No	
Have you ever been employ					Yes	No	
When?			Where?				
Are you presently employed		No					
Are you available for full-ti	me work?	Yes	No				
Are you available for part-ti	ime work?	Yes	No				
Date you can start							

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) Company Name: Location: Starting Wage/Salary: Starting Position: Date Started: Ending Wage/Salary: Ending Position: Date Ended: Full Time: Years _____ Months Part Time: Years Months If part time, number of hours worked per week: May we contact your Supervisor? Yes No Supervisor Information: Name: Phone number: Email: Summary of Duties: Reason for leaving Company Name: Location: Date Started: Starting Wage/Salary: Starting Position: Ending Wage/Salary: Ending Position: Date Ended: Full Time: Years _____ Months _____ Part Time: Years Months If part time, number of hours worked per week: May we contact your Supervisor? Yes No Supervisor Information: Name: Phone number: Email: Summary of Duties: Reason for leaving

Company Name:				
Location:				
Date Started:		tarting Wa	age/Salary:	Starting Position:
Date Ended:	Ending Wage/Salary:			Ending Position:
Full Time: Years	Months		_	
Part Time: Years	Months		If part time	e, number of hours worked per week:
May we contact your Sup	ervisor?	Yes	No	
Supervisor Information:				
Name:				Phone number:
Email:				
Summary of Duties:				
Reason for leaving				
Reason for leaving				
Company Name:				
Location:				
Date Started:	S	tarting Wa	age/Salary:	Starting Position:
Date Ended:	E	nding Wa	ge/Salary:	Ending Position:
Full Time: Years				
Part Time: Years	Months		_ If part time	e, number of hours worked per week:
May we contact your Sup	ervisor?	Yes	No	
Supervisor Information:				
_				Phone number:
Summary of Duties:				
Reason for leaving				

Company Name:				
-				
Date Started: Date Ended:		arting Wage/	Salary:	Starting Position:
		nding Wage/S	Salary:	Ending Position:
Full Time: Years	Months			
Part Time: Years	Months	I	f part time, numb	per of hours worked per week:
May we contact your Su	pervisor?	Yes	No	
Supervisor Information:				
Name:			Ph	one number:
Email:				
Summary of Duties:				
Reason for leaving				
Library Experience an	d/or Training			
Library Experience an	iu/oi iranning.	-		
References				
List three (3) references known you for more that		ou and not s	upervisors previo	ously listed in this application, who have
•	•		Phone:	Years Known:
Address:				
Email Address:				
				Years Known:
Address:				
Email Address:				
Name:			Phone:	Years Known:
Address:				
Email 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 CPC 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 CPC Regional Library, I will comply with all rules and regulations as set by CPC 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 CPC Regional Library that verifies my right to work in the United States on the first day of employment. I have received from CPC 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 CPC 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.

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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 CPC 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).