

Please complete the following job history information beginning with your most recent job:

Name of Employer: _____ Supervisor: _____ Phone: _____

Address: _____

Position Held: _____ Describe Duties: _____

Reason for Leaving: _____ Dates Employed: _____

Full or Part-Time: _____ Starting Salary: _____ Ending Salary: _____

Name of Employer: _____ Supervisor: _____ Phone: _____

Address: _____

Position Held: _____ Describe Duties: _____

Reason for Leaving: _____ Dates Employed: _____

Full or Part-Time: _____ Starting Salary: _____ Ending Salary: _____

Name of Employer: _____ Supervisor: _____ Phone: _____

Address: _____

Position Held: _____ Describe Duties: _____

Reason for Leaving: _____ Dates Employed: _____

Full or Part-Time: _____ Starting Salary: _____ Ending Salary: _____

PLEASE READ CAREFULLY: APPLICANT'S CERTIFICATION AND AGREEMENT

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge. I understand that if employed, falsified statements on this application shall be considered sufficient cause for dismissal. You are hereby authorized to make any investigation of my personal and employment history through any investigative agencies or bureaus of your choice.

Applicants requiring disability related accommodations should request them during the application process.

APPLICANT'S SIGNATURE _____ DATE _____

VOLUNTARY APPLICANT DATA INFORMATION
(Completion of Information Below is Voluntary)

We consider applicants for all positions without regard to race, color, religion, sex, national origin, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.

As required, the Charleston County Public Library must comply with government regulations including Affirmative Action and ADA obligations where they apply.

In an effort to comply with requirements regarding government record keeping and other legal obligations, we ask that you complete this applicant data survey. Your cooperation is greatly appreciated.

Please be advised that your survey is not a part of your official application for employment. It is considered confidential information that will not be used in any hiring decisions.

REFERRAL SOURCE:

| | | |
|---------------|----------|------------------------------|
| Advertisement | Employee | Private Employment |
| Relative | School | Government Employment Agency |
| Walk-In | Other | Name Source |

Applicant's Name

| | | | | |
|------|--|-------|--|----|
| Last | | First | | MI |
|------|--|-------|--|----|

Address

| | | | | |
|--------|--|------|-------|----------|
| Street | | City | State | Zip Code |
|--------|--|------|-------|----------|

| | | | | |
|--------------|--|------------|--------|------|
| Phone Number | | Birth Date | Female | Male |
|--------------|--|------------|--------|------|

Check one of the following race or ethnic group:

| | |
|---------------------------|--------------------------|
| NATIVE AMERICAN / ALASKAN | CAUCASIAN |
| AFRICAN AMERICAN | ASIAN / PACIFIC ISLANDER |
| HISPANIC | OTHER |

Check if one of the following is applicable:

| | | |
|---------------------|------------------|------------------------|
| Vietnam Era Veteran | Disabled Veteran | Handicapped Individual |
|---------------------|------------------|------------------------|

To Be Completed By Applicant — Not For Interview Purposes — To Be Filed Separately From Application

FOR HUMAN RESOURCES USE ONLY

| | |
|--|---------------|
| Positions for which applicant applied: | |
| Available: | |
| Not Available: | |
| Other positions for which applicant may be considered: | |
| Position | Branch |
| | |
| | |
| | |

Hired

| |
|-----|
| Yes |
| No |

| |
|---|
| Position for which applicant was hired: |
| Branch: |
| EEO Classification: |

- 1. Administrative
- 2. Librarian
- 3. Supervisory
- 4. Pre-Professional
- 5. Public Relations
- 6. Library Assistant
- 7. Office and Clerical
- 8. Drivers
- 9. Library Pages

NOTES:

COMPLETED BY: _____

DATE: _____