

Name \_\_\_\_\_

# MCLS Employment Application

Madison County Library System • 102 Priestley Street • Canton Mississippi 39046

[www.mcls.ms](http://www.mcls.ms)

Branch Libraries in: Camden • Canton • Flora • Madison • Ridgeland

**In compliance with Federal and State equal opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or the presence of non-job-related medical condition or handicap.**

## ANSWER ALL QUESTIONS IN INK – PLEASE PRINT

Date of Application \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle Initial

Address \_\_\_\_\_  
Number Street City State Zip

Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_ Email \_\_\_\_\_

Are you at least 16? \_\_\_\_\_ Name by which you were known to school/references \_\_\_\_\_

Position(s), Type of work applied for: \_\_\_\_\_

Referred by: \_\_\_\_\_

Are you available to work:  Full Time  Part Time  Nights  Weekends

Date Available: \_\_\_\_\_ For How Long? \_\_\_\_\_

Have you previously filed an application here?  Yes  No Have you ever been Employed Here?  Yes  No

If yes: Dates \_\_\_\_\_ Position/Location \_\_\_\_\_

Do you currently work for an entity of the state of Mississippi? If so, do you intend to stay in said position? Yes \_\_\_ No \_\_\_

Have you previously worked for an entity of the state of Mississippi? If so, are you retired with PERS? Yes \_\_\_ No \_\_\_

Name/Relationship of Friends/Relatives Employed Here \_\_\_\_\_

In case of accident or emergency, please notify:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Relationship: \_\_\_\_\_

## AN EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER

Are you on lay-off or subject to recall? \_\_\_\_\_ Can you travel if a job requires it? \_\_\_\_\_

Have you ever pled guilty or been convicted of embezzlement or misappropriation of funds?  Yes  No

Have you ever been convicted of a felony?  Yes  No If yes, describe in full, including date(s): \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

**EDUCATION**

High School or GED                      Business/Trade School                      College/University                      Graduate/Professional

School Name, Address	High School or GED	Business/Trade School	College/University	Graduate/Professional
Dates From: To:				
Years Completed: (Circle)	9    10    11    12	1    2    3    4	1    2    3    4	1    2    3    4
Diploma/Degree				
Describe Course of Study (Majors, Minors, etc.)				
Describe Specialized Training, Apprenticeship, Skills, and Extra- Curricular Activities				

Honors Received:

Do you plan to further your education? \_\_\_\_\_ If so, when? \_\_\_\_\_

Please list each job held. Start with your present or last job and go back from there. Account for all time during the past five years including periods of unemployment, military service assignments and volunteer activities.

DATES	NAME AND ADDRESS OF EMPLOYER	DESCRIPTION OF DUTIES
From: _____ Mo. _____ Yr. To: _____ Mo. _____ Yr. Part Time <input type="checkbox"/> Full Time <input type="checkbox"/>	Name _____ Address _____ _____ Name of Supervisor _____ Title of Supervisor _____	Title _____ Duties _____ _____ _____ Final Salary _____ Reason for Leaving _____
From: _____ Mo. _____ Yr. To: _____ Mo. _____ Yr. Part Time <input type="checkbox"/> Full Time <input type="checkbox"/>	Name _____ Address _____ _____ Name of Supervisor _____ Title of Supervisor _____	Title _____ Duties _____ _____ _____ Final Salary _____ Reason for Leaving _____
From: _____ Mo. _____ Yr. To: _____ Mo. _____ Yr. Part Time <input type="checkbox"/> Full Time <input type="checkbox"/>	Name _____ Address _____ _____ Name of Supervisor _____ Title of Supervisor _____	Title _____ Duties _____ _____ _____ Final Salary _____ Reason for Leaving _____
From: _____ Mo. _____ Yr. To: _____ Mo. _____ Yr. Part Time <input type="checkbox"/> Full Time <input type="checkbox"/>	Name _____ Address _____ _____ Name of Supervisor _____ Title of Supervisor _____	Title _____ Duties _____ _____ _____ Final Salary _____ Reason for Leaving _____
From: _____ Mo. _____ Yr. To: _____ Mo. _____ Yr. Part Time <input type="checkbox"/> Full Time <input type="checkbox"/>	Name _____ Address _____ _____ Name of Supervisor _____ Title of Supervisor _____	Title _____ Duties _____ _____ _____ Final Salary _____ Reason for Leaving _____

If you need additional space, please continue on a separate sheet of paper.

Driver's License Number \_\_\_\_\_ Issuing State \_\_\_\_\_ Date Expires \_\_\_\_\_

List hobbies and special interests, skills, or qualifications acquired from employment or other experience. What computer applications are you proficient in?

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**REFERENCES**

Give Name, Address and Phone Number of at Least *Three (3) Professional/Work-Related References*

Name of Reference	Job Title/Business Name	Telephone/Cell # s
		( ) -
		( ) -
		( ) -
		( ) -

State any additional information you feel may be helpful to us in considering your application.

May we contact your present employer?     Yes     No

**I certify that the answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in my discharge. I understand, also, that I am required to abide by all rules and regulations/policies and procedures of the libraries.**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date