



www.peach.public.lib.ga.us

PEACH PUBLIC LIBRARIES

Thomas Public Library
 Headquarters
 315 Martin Luther King, Jr. Drive
 Fort Valley, Georgia 31030
 p. 478.825.1640 f. 478.825.2061

Byron Public Library
 Post Office Box 1120
 105 West Church Street
 Byron, Georgia 31008
 p. 478.956.2200 f. 478.956.5688

EMPLOYMENT APPLICATION

PERSONAL INFORMATION

Date _____

Name _____

Last

First

Middle

Present Address _____

Street

City

State

Zip

Permanent Address _____

Street

City

State

Zip

Phone No. _____

Email _____

Cellular No. _____

Referred By _____

Name

EMPLOYMENT DESIRED

Position _____

Date You Can Start _____

Salary Desired _____

Are You Employed Now? Yes No If So, May We Inquire Of Your Present Employer? _____

Ever Applied To Peach Public Libraries Before? Yes No Where _____

When _____

EDUCATION

	Name and Location of School	Circle Last Year Completed	Did You Graduate?	Subjects Studied & Degree(s) Received
High School		1 2 3 4	<input type="radio"/> Yes <input type="radio"/> No	
College		1 2 3 4	<input type="radio"/> Yes <input type="radio"/> No	
Trade, Business or Correspondence School		1 2 3 4	<input type="radio"/> Yes <input type="radio"/> No	

Librarianship: _____

Graduate & Other Advanced Degrees _____

Activities Other Than Religious (Civic, Athletic, etc.) _____

EXCLUDE ORGANIZATIONS, THE NAME OR CHARACTER OF WHICH INDICATES THE RACE, AGE, SEX, OR NATIONAL ORIGIN OF ITS MEMBERS

Date

If You Have A Resume Please Attach.

WORK HISTORY

Date: Month/Year	Name and Address of Employer	Salary	Position	Reason for Leaving
From				
To				
From				
To				
From				
To				
From	Undergraduate Library Jobs			
To				

REFERENCES GIVE BELOW THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

Name	Telephone Number	Business	Years Acquainted

PHYSICAL RECORD DO YOU HAVE ANY PHYSICAL CONDITION WHICH MAY LIMIT YOUR ABILITY TO PERFORM THE JOB APPLIED FOR? THIS QUESTION IS VOLUNTARY, AND ANY ANSWERS WILL BE KEPT CONFIDENTIAL.

In Case of Emergency Notify

Name	Address	Phone No.	Cellular No.
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DUE TO THE FACT I WILL BE HANDLING PUBLIC FUNDS, BY SIGNING THIS EMPLOYMENT APPLICATION, I AM SPECIFICALLY GRANTING THE LIBRARY DIRECTOR THE RIGHT TO REQUEST MY CREDIT REPORT.

Signature _____ Date _____

REMARKS DO NOT WRITE BELOW THIS LINE

Interviewed By _____ Date _____

Qualifications _____

Neatness	Ability
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Hired _____ Position _____ Will Report _____ Salary/Wage _____

Approved 1. _____ 2. _____ 3. _____

Circulation Manager Asst. Director Director

Resume attached: Yes No Other _____