

Name _____

Employment Application

Dixie Regional Library System • 111 North Main Street • Pontotoc, Mississippi 38863

www.dixie.lib.ms.us

Branch Libraries in: Bruce • Calhoun City • Houlka • Houston • Okolona • Pontotoc • Sherman • Vardaman

The Dixie Regional Library System is an Equal Employment Opportunity Employer and does not discriminate due to race, color, religion, age, sex, or national origin.

ANSWER ALL QUESTIONS IN INK – PLEASE PRINT

Date of Application _____

Name: _____

Last

First

Middle

Mailing Address: _____

Street

City

State

Zip Code

Physical Address: (if different) _____

Street

City

State

Zip Code

Phone Number: _____ Email _____

Best time to contact you is: _____ AM / PM

Position(s), Type of work applied for: _____

How did you find out about this opening? _____

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

Have you ever been employed with Dixie Regional Library System? Yes No

If yes, give date: _____

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

Are you currently employed? Yes No

Name/Relationship of Friends/Relatives Employed here _____

Date available for work: ____ / ____ / ____ What is your desired salary range? _____

Can you travel if the job requires it? Yes No

Driver's License Number _____ Issuing State _____ Date Expires _____

In case of accident or emergency, please notify:

Name: _____

Address: _____

Phone Number: _____ Relationship: _____

Employment History

Start with most recent.			
Employer:		Employed From:	To:
Address:		Supervisor:	
Phone:	Hours worked/week:	Starting Salary:	
Position:		Last Salary:	
Primary Duties:			
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		Supervisor's Phone:	
Reason for Leaving:			
Employer:		Employed From:	To:
Address:		Supervisor:	
Phone:	Hours worked/week:	Starting Salary:	
Position:		Last Salary:	
Primary Duties:			
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		Supervisor's Phone:	
Reason for Leaving:			

References (Do not include family or friends.)

	Name and Occupation	Address	Phone Number
1.			
2.			
3.			

Education

Level	Name of School	No. Years Completed	Did You Graduate?	Type of Degree
High School/ GED			Yes No	
Undergraduate College or University			Yes No	
Graduate/ Professional			Yes No	
Other			Yes No	

Do you have any specialized certifications? _____

Professional Memberships

List all current professional organization memberships below: _____

Answer the questions below. Questions with an “MQ” are Minimum Qualifications for this job. **Every** question with an “MQ” must be answered “YES”. If you cannot answer “YES” to every question with an “MQ”, you do not qualify for this position. The remaining questions are desirable, but not required, qualifications. It should be noted that those applicants answering “YES” may be considered better qualified for the job. If you answer “YES” to any question followed by blanks, please give examples of your experience.

MQ Have you had experience using a computer?

Yes No

Would you rate your computer skills as FAIR GOOD EXCELLENT

MQ Have you had experience using word processing programs?

Yes No

Would you rate your word processing skills as FAIR GOOD EXCELLENT

MQ Have you had experience using spreadsheet programs?

Yes No

Would you rate your skills in this area as FAIR GOOD EXCELLENT

MQ Have you had experience using the Internet, email and social media?

Yes No If yes, which program(s)?

Would you rate your skills in this area as FAIR GOOD EXCELLENT

Have you had experience planning activities for adults and/or children or working with groups? Yes No

Do you visit the library Every week Every month Several times a year

What are your reading interests, special skills, talents, etc.?

Name at least 3 books or 3 magazines you have read in the past year?

Do you have any personal obligations which may interfere with your ability to perform the job?

What do you believe to be your personal strengths and how will they relate to this position?

What do you believe to be your personal weaknesses and how might they affect your performance?

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 library system.

Signature of Applicant

Date