



Hawkins County Library System

Employment Application

Name:	Position for which you are applying:
Address:	Date of Application:
Home Phone:	Cell Phone:
Are you at least 18 years of age?	Have you ever been convicted of any crime other than traffic violations?
Seeking: (Check all that apply) <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Substitute	Date Available to Start:
EDUCATION	
Did you graduate High School?	Where?
Do you have any College or Vocational School credits?	If yes, what College or School?
Program of Study:	Did you graduate? If yes, what degree?
MILITARY SERVICE	
Have you served in the armed forces?	If yes, what service?
Date and type of discharge:	
PREVIOUS EMPLOYMENT	
Dates of Employment:	Phone:
Name & Address of Employer:	Supervisor's Name:
Duties:	
Reason for Leaving:	May we contact this employer:
Dates of Employment:	Phone:
Name & Address of Employer:	Supervisor's Name:
Duties:	
Reason for Leaving:	May we contact this employer:

Dates of Employment:	Phone:
Name & Address of Employer:	Supervisor's Name:
Duties:	
Reason for Leaving:	May we contact this employer:
Interest, Skills, & Abilities: Indicate any interests, skills & abilities that you believe would be relevant to your employment with Hawkins County Library System:	
Describe your knowledge and experience with computers and technology. Also note specific programs with which you are skilled and knowledgeable.	
REFERENCES	
List 3 persons not related to you, who have known you for at least 1 year.	
Name:	Phone:
Name:	Phone:
Name:	Phone:

I certify that I am not aware of any physical condition I have which would interfere with my performance of the duties outlined in the attached job description.

Applicant Signature

Date

I authorize the investigation of all statements contained in this application and hereby authorize my previous employers and references to furnish relevant information concerning my character, work habits, job performance, and employment record. I understand that misrepresentation or omission of facts relevant to my employment is cause for dismissal.

Applicant Signature

Date