

# BAY COUNTY LIBRARY SYSTEM EMPLOYMENT APPLICATION

## EQUAL OPPORTUNITY EMPLOYER

Applications will be kept on file for one year after date of receipt. Certain job vacancies are posted first for current employees.

Requests for assistance to complete the application process should be submitted to the ADA Administrator.

**INSTRUCTIONS: Type or print in ink. Answer all questions. Do not state "See resume" on application.**

**IDENTIFYING DATA**

NAME \_\_\_\_\_ TELEPHONE \_\_\_\_\_ DATE \_\_\_\_\_  
Last First Middle

ADDRESS \_\_\_\_\_  
No. Street City State Zip Code

POSITION DESIRED \_\_\_\_\_ DATE YOU CAN START \_\_\_\_\_

Have you ever worked under a different name? Yes \_\_\_ No \_\_\_ If yes, what name? \_\_\_\_\_

How did you find out about this job vacancy? \_\_\_\_\_

**RECORD OF EDUCATION AND TRAINING**

SCHOOL	NAME & LOCATION OF SCHOOL	COURSE OF STUDY	CIRCLE LAST YEAR COMPLETED				DID YOU GRADUATE?	LIST DIPLOMA OR DEGREE
			1	2	3	4		
High School								
College								
Trade or Business								
School Certifications								

**EXPERIENCE**-Begin with your present or last job. Use extra paper, if needed.

DATE	NAME AND LOCATION OF EMPLOYER	TELEPHONE	WAGE OR SALARY	POSITION & DUTIES	REASON FOR LEAVING
From:			STARTING		
To:			ENDING		
DATE	NAME AND LOCATION OF EMPLOYER	TELEPHONE	WAGE OR SALARY	POSITION & DUTIES	REASON FOR LEAVING
From:			STARTING		
To:			ENDING		
DATE	NAME AND LOCATION OF EMPLOYER	TELEPHONE	WAGE OR SALARY	POSITION & DUTIES	REASON FOR LEAVING
From:			STARTING		
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DATE	NAME AND LOCATION OF EMPLOYER	TELEPHONE	WAGE OR SALARY	POSITION & DUTIES	REASON FOR LEAVING
From:			STARTING		
To:			ENDING		

May we contact your current employer? YES \_\_\_ NO \_\_\_

