

Application For Employment

Please return the completed application and a copy of your resume to the address below.

Southern Maryland Regional Library Association, Inc.

Attn: Human Resources

P. O. Box 459

Charlotte Hall, MD 20622

Or email to:

smrla@somd.lib.md.us

Southern Maryland Regional Library Association, Inc.
APPLICATION FOR EMPLOYMENT

It is the policy of Southern Maryland Regional Library Association, Inc. (SMRLA, Inc.) to comply with all applicable state and federal laws prohibiting discrimination in employment based on race, age, color, sex, religion, national origin, disability or other protected classification.

Name _____ Date _____

Address _____
street city state zip

Telephone number _____ Are you over 18 years old? Yes No

Social Security Number _____

Are you authorized to work in the U.S. on an unrestricted basis? Yes No

How did you learn of this opening? _____

Have you worked for SMRLA, Inc. before? Yes No If Yes, Dates of Employment _____

Position(s) held _____

Are there any hours, shifts or days you cannot or will not work? Yes No

If Yes, please specify: _____

Are you seeking Full Time Part Time Hours Preferred _____

Are you willing to work overtime as required? Yes No

EDUCATION	NAME & LOCATION OF SCHOOL	MAJOR	DIPLOMA/ DEGREE
High School			
College/Univ.			
College/Univ.			
Other Training or Education/ Certification			

POSITION APPLIED FOR _____
Wage or salary desired? \$ _____ per _____ When can you start? _____

Have you ever been convicted of a felony? Yes No (Conviction will not necessarily disqualify an applicant for employment.) If yes, describe conditions: _____

WORK HISTORY

May we contact your present employer? Yes No

Most Recent Employer		Address		Telephone
Date Started	Starting Salary: \$	Per	Starting Position	
Date Left	Salary on Leaving: \$	Per	Position on Leaving	
Name and Title of Supervisor				
Description of Duties			Reason for Leaving	
Previous Employer		Address		Telephone
Date Started	Starting Salary: \$	Per	Starting Position	
Date Left	Salary on Leaving: \$	Per	Position on Leaving	
Name and Title of Supervisor				
Description of Duties			Reason for Leaving	
Previous Employer		Address		Telephone
Date Started	Starting Salary: \$	Per	Starting Position	
Date Left	Salary on Leaving: \$	Per	Position on Leaving	
Name and Title of Supervisor				
Description of Duties			Reason for Leaving	
Previous Employer		Address		Telephone
Date Started	Starting Salary: \$	Per	Starting Position	
Date Left	Salary on Leaving: \$	Per	Position on Leaving	
Name and Title of Supervisor				
Description of Duties			Reason for Leaving	

Do you possess a valid motor vehicle operator's license (If applying for a position which requires driving)
 License number _____ Issuing State: _____ Expiration Date: _____ Type: _____
 Has your license/certification ever lapsed? _____
 If yes, state reason for lapse, revocation or suspension _____

Date of reinstatement: _____

Do you presently have any contracted restrictions that would affect your employment with SMRLA, Inc.? Yes No

References (*Not a Relative or Employer*) :

Name	Address	Occupation	Day - Time Telephone

In addition to your work history (page 2), what other experiences, skills or qualifications would especially fit you for work with SMRLA, Inc.?

APPLICANT'S CERTIFICATION AND AGREEMENT

I certify that the facts set forth in this Application for Employment are true and complete to the best of my knowledge. I understand that any false statement, omission or misrepresentation may result in the rejection of my application and my candidacy for this position or any other position with SMRLA, Inc.. I authorize SMRLA, Inc. to make an investigation of any of the facts set forth in this application and release SMRLA, Inc., its Director, employees or agents from any liability or claims for damages in relation to such investigation. I understand that as a condition of employment, I must be able to provide proof of my right to work in the United States.

Date _____ Applicant's Signature _____