

Employment Application

11767 Beechwood Street Princess Anne, Maryland 21853 Phone: (410)651-0852; Fax: (410)651-1388

www.somelibrary.org

Somerset County Library is an Equal Employment Opportunity Employer. We make all employment decisions without regard to race, color, religion, sex (including pregnancy), national origin, age, disability, military status, marital status, citizenship, sexual orientation, gender identity or any other protected classification which may be applicable under federal, Maryland and Somerset County laws.

| Position: | | _ | | | |
|---|-------------------------------------|--------------------|----------------|--|--|
| Full-time Part-time/ | Substitute | | | | |
| | | | | | |
| Name | | | | | |
| Last | First | Full Middle | e Name | | |
| Previous names under | which you have worked or attended | school: | | | |
| | | | | | |
| Address | | | | | |
| City | State Zip co | ode | | | |
| Home phone | Cell phone | E-mail | | | |
| Have you ever been employed with Somerset County Library? _Yes _No If yes, from/to/ | | | | | |
| Are you at least 14 years of age? _Yes _No Are you at least 18 years of age? _Yes _No | | | | | |
| Do you have any relatives who work for Somerset County Library or serve on its Board of Trustees? _Yes _No If yes, list their names, department(s), and relationship(s) to you: | | | | | |
| | | | | | |
| EDUCATION | | | | | |
| Name/Address of High | School, Military, College/Universit | y or Trade Schools | Diploma/Degree | | |
| | | | | | |
| | | | | | |

PROFICIENCIES

Please indicate your level of proficiency with the following

(1 = Haven't used, 5 = Expert).

| 1 | 2 | 3 | 4 | 5 |
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| Identify any additional knowledge, skills, qualifications, publications, awards, scholarships, or extracurricular activity relevant to the position for which you are applying (you may exclude those that suggest race, religious creed, sex, marital status, age, color, national origin, disability or any other protected status). |
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| |
| Describe any on-the-job training you have completed that relates to the job for which you are applying. |
| Please list all languages, other than English, in which you are fluent. Please note whether you are a fluent speaker, reader and/or writer. |

| REFERENCES Provide the name, addrework performance. | ess and phone number of | of three profession | onal references who ca | n comment on present/past |
|---|---|---|------------------------|--|
| Name | Address | | Phone | Relationship |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| EMPLOYMENT I | HISTORY – Paid, | Unpaid | | |
| | as completely as possi epared in the same form | ble. If more space at and attach sec | ce is needed, make a p | e volunteer service. hotocopy of this page, or application form, as well |
| Employer | | | | Phone () |
| Address | | | C | г і і |
| Street Name of supervisor | | City | | Employed From: To: |
| Name of supervisor Supervisor's title: | | | | |
| | | | | (Mo/Yr) (Mo/Yr) |
| Position: Duties: | | | | Reg. hours per week: |
| | | | · | |
| | | | | May we contact curren |
| | | | | employer: |
| | | | | _yes _ not at this time |
| Reason for leaving: | | | | |
| Employer | | | | Phone () |
| Address | | | | , , |
| Street | | City | State Zip code | Employed |
| Name of supervisor | | | | From: To: |
| Supervisor's title: | | | | (Mo/Yr) (Mo/Yr) |
| Position: | | | | |
| Duties: | | | | Reg. hours per week: |
| | | | | May we contact this |
| | | | | employer: |
| | | | | _ yes _ not at this time |

Reason for leaving:

| Employer | | | Phone () | |
|---------------------|------|--------------------------|---------------------------------------|--|
| Address | | | | |
| Street | City | State Zip code | Employed | |
| Name of supervisor | | | From: To: | |
| Supervisor's title: | | | (Mo/Yr) _ (Mo/Yr) _ | |
| Position: | | | · · · · · · · · · · · · · · · · · · · | |
| Duties: | | | Reg. hours per week: | |
| | | | May we contact this | |
| | | | employer: | |
| Reason for leaving: | | | _ yes _ not at this time | |
| Employer | | | Phone () | |
| Address | | | | |
| Street | City | State Zip code | Employed | |
| Name of supervisor | | | From: To: | |
| Supervisor's title: | | | (Mo/Yr) _ (Mo/Yr) _ | |
| Position: | | | | |
| Duties: | | | Reg. hours per week: | |
| | | | | |
| | | | May we contact this | |
| | | | employer: | |
| Reason for leaving: | | _ yes _ not at this time | | |
| Employer | | | Phone () | |
| Address | | | 1 none () | |
| Street | City | State Zin code | Employed | |
| Name of supervisor | City | State Zip code | From: To: | |
| Supervisor's title: | | | (Mo/Yr) (Mo/Yr) | |
| Position: | | | () () | |
| Duties: | | | Reg. hours per week: | |
| | | | May we contact this employer: | |
| | | | _ yes _ not at this time | |
| Reason for leaving: | | | | |

| ADDITIONAL INFORMATION |
|--|
| Have you ever been discharged from a position (or released during probation) or have you ever been forced to resign? <i>Answering Yes will not necessarily disqualify you for employment.</i> _Yes _No If yes, please explain: |
| Do you have any relatives currently employed by Somerset County Library? _Yes _No Please name: Having a relative employed with the Library will not necessarily disqualify you from being considered for employment. |
| How did you learn about this position? |
| Desired salary: Date you are available to start work:/ |
| |
| CERTIFICATION and AUTHORIZATION I certify that the statements made in this application are accurate and complete to the best of my knowledge. I understand that false statements, omissions or misleading information may result in disqualification for consideration of employment or immediate termination of employment. |
| I authorize Somerset County Library and its agents to conduct reference and background checks, and a drug screening and fingerprinting for certain positions. I also understand that the background check may include a credit check. I hereby release Somerset County Library, its agents and those it contacts from any liability whatsoever as a result of such contact and the information provided and received. Pursuant to the Fair Credit and Reporting Act (FCRA), I understand that I have a right to make a written request within a reasonable time for the disclosure of the nature and scope of any investigation. |
| I understand that this application is not a contract and that acceptance of employment does not create a contract of employment nor guarantee employment for any specified period of time. If I become employed by Somerset County Library, I will adhere to Somerset County Library's code of ethics and standards of conduct, and I will perform the duties of my position in a strictly ethical and professional manner. |
| Applicant signatureDate |
| UNDER MARYLAND LAW, AN EMPLOYER MAY NOT REQUIRE OR DEMAND AS A CONDITION OF EMPLOYMENT, PROSPECTIVE EMPLOYMENT, OR CONTINUED EMPLOYMENT THAT AN INDIVIDUAL SUBMIT TO OR TAKE A LIE DETECTOR OR SIMILAR TEST. AN EMPLOYER WHO VIOLATES THIS LAW IS GUILTY OF A MISDEMEANOR AND SUBJECT TO A FINE NOT EXCEEDING \$100. |
| I represent and warrant that I have read and fully understand the above. Applicant signature |

AVAILABILITY

Indicate your available hours to work on each day. Be sure to consider other jobs, travel times & additional obligations. <u>Application will be deemed incomplete if this portion is not completed.</u>

| Library Hours: | |
|-------------------------------|--|
| Monday – Wednesday: 10am-7pm | |
| Thursday – Saturday: 10am-5pm | |
| Sundays – CLOSED | |
| MONDAY: | |
| | |
| TUESDAY: | |
| | |
| WEDNESDAY: | |
| | |
| THURSDAY: | |
| | |
| FRIDAY: | |
| | |
| SATURDAY. | |