**Carnegie Public Library Employment Application**

P. O. Box 280

Clarksdale, MS 38614

662.624.4461

Fax: 662.627.4344

Thank you for your interest in employment at Carnegie Public Library. You may type your responses in this form and return via the methods listed at the end of the form. Please answer all questions. Incomplete applications will not be considered. Applications are kept on file for six months and reviewed as positions become available. To inquire about your application, contact Ms. Carrie Peggs.

Carnegie Public Library (CPL) is an equal opportunity employer by both policy and practice and subscribes to federal and state laws that forbid discrimination because of race, color, age, creed, religion, sex, national origin, mental or physical disability, or veteran status.

**Name**  Click here to enter text.

**Address** Click here to enter text.

**Phone** Click here to enter text.

**Position applied for** Click here to enter text.

**Full time Part time**

**Date available**

**Available weekends**  yes  no

**Do you have the legal right to work in the United States?** yes  no

**Have you ever been convicted of a crime other than a traffic violation?** yes  no

**(Does not necessarily disqualify applicant)**

**If yes, please explain**Click here to enter text.

**Have you ever been denied an insurance bond?** yes  no

**Education**

**Institution** **Degree/Major** **Dates attended and/or Graduation Date**

**High School**Click here to enter text. /Click here to enter text./Click here to enter text.

**Associate’s** Click here to enter text./Click here to enter text.Click here to enter text.

**Trade/Technical** Click here to enter text./Click here to enter text./Click here to enter text.

**College** Click here to enter text./Click here to enter text./Click here to enter text.

**Post-graduate** Click here to enter text./Click here to enter text./Click here to enter text.

**Employment History**

Please give accurate, complete full-time and part-time employment record. Start with your most recent employer.

**1**. **Organization name** Click here to enter text.

**Date of employment from** Click here to enter a date. to Click here to enter a date.

**Your title** Click here to enter text.

**Address** Click here to enter text. **Phone** Click here to enter text.

**Name & title of supervisor** Click here to enter text. **May we contact?** Yes  No

**Duties and responsibilities** Click here to enter text.

**Salary** Click here to enter text.

**Reason for leaving** Click here to enter text.

**2**. **Organization name** Click here to enter text.

**Date of employment from** Click here to enter a date. to Click here to enter a date.

**Your title** Click here to enter text.

**Address** Click here to enter text. **Phone** Click here to enter text.

**Name & title of supervisor** Click here to enter text. **May we contact?** Yes  No

**Duties and responsibilities** Click here to enter text.

**Salary** Click here to enter text.

**Reason for leaving** Click here to enter text.

**3.** **Organization name** Click here to enter text.

**Date of employment from** Click here to enter a date. to Click here to enter a date.

**Your title** Click here to enter text.

**Address** Click here to enter text. **Phone** Click here to enter text.

**Name & title of supervisor** Click here to enter text. **May we contact?** Yes  No

**Duties and responsibilities** Click here to enter text.

**Salary** Click here to enter text.

**Reason for leaving** Click here to enter text.

Add additional sheet if needed

**Special skills**

Microsoft Office  Google Docs  Library automation system (ILS)  Web design

Social media  Basic tech troubleshooting

Any other skills or experience you’d like to share: Click here to enter text.

**References**

Please list three adults (not relatives) whom we can contact regarding your experience and qualifications.

1. Name Click here to enter text.

AddressClick here to enter text.

Phone Click here to enter text.

2. Name Click here to enter text.

AddressClick here to enter text.

Phone Click here to enter text.

3. Name Click here to enter text.

AddressClick here to enter text.

Phone Click here to enter text.

**Employment Requirements**

A pre-employment drug screening is required of all applicants being considered for employment. Please read the following instructions and information carefully.

Carnegie Public Library prohibits the possession and use of illegal or unauthorized drugs or use of alcohol on library property. Qualified prospective employees will be requested to sign a consent release form authorizing the performance of a drug screening test, the results of which shall be submitted to Carnegie Public Library. Individuals who test positive will not be considered for employment.

**Confidentiality**

All information, interviews, reports, statements, memoranda, or test results received by Carnegie Public Library or agents performing services for CPL through this drug testing program are confidential and will not be used or received in evidence, obtained in discovery, or disclosed in any private or public proceedings, except in a proceeding related to an action taken by CP, in any action brought against CPL, or as required by law.

**Applicant Acknowledgement**

I have read and understand that Carnegie Public Library requires a pre-employment drug screening. I accept these conditions and consent to the requirements of the urine drug screen. I agree, in submitting to these medical tests, that the testing agency is authorized by me to provide the results of these tests to CPL. I also understand that if I am involved in an accident on CPL property, I will be required to submit to a post-accident drug screening test, including a test for alcohol, and that a random drug screening test may be required of me at any time. I further agree to hold CPL, its agents, directors, officers, and employees harmless from any and all liability in connection the testing for drugs.

I certify that the information provided by me on this application is true and correct. I hereby authorize investigation of all statements contained in this application and permit CP or its agent to obtain any transcripts, records, and documents pertaining to my background and work experience. I also agree to release CPL and its agent from any liability arising therefrom and understand that the making of any false statements or willful omissions in this application or any other documents relating to this application for employment may be used as grounds for denying employment or be sufficient cause for dismissal at any time from service of CPL, if employed. I understand that employment is contingent on accuracy of this information.

As part of our procedure for processing your employment application, an investigative inquiry may be made into your background, which will supply information concerning your character and general reputation.

**Signed** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Click here to enter text.

Return completed application and signed acknowledgement to:

Carnegie Public Library

P. O. Box 280

Clarksdale, MS 38614

Or **email** to [sruskey@cplclarksdale.lib.ms.us](mailto:sruskey@cplclarksdale.lib.ms.us)

Or **Fax** to 662.627.4344