

ABBE Regional Library System

314 Chesterfield Street, SW
Aiken, South Carolina 29801

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, or the presence of a non-job medical condition or handicap. ABBE Regional Library System is committed to maintaining a safe and secure workplace free of drugs. Failure to accurately disclose all requested information will result in refusal of employment or discharge if you have already been employed.

All position finalists must successfully pass pre-employment background checks, testing and drug screening.

EQUAL OPPORTUNITY EMPLOYER

Date of Application:	
Position Applied for:	

Name					
Mailing Address					
City		State		Zip	
Home Phone		Cell Phone		Other Phone	

Are you a US Citizen?	If not, give your Visa status:	Are you 18 years old or older?			
Have you ever applied here before? If so, when?	Have you ever worked here before? If so, when?				
Have you ever worked for: <i>(If so, circle the appropriate counties & state department)</i>	Aiken County Department:	Bamberg County	Barnwell County	Edgefield County	
Do you have any relatives working for: <i>(If so, circle the county, give name & state department)</i>	Aiken County Name:	Bamberg County Department:	Barnwell County	Edgefield County	
Do you have any relatives working for ABBE Regional Library System?	If so, whom?				

Were you in the Armed Forces?	Were you Honorably Discharged?	Dates of Service	From: To:
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The position you are applying for may require a valid SC Driver's license. You may be required to do some driving.

Do you have a valid driver's license?	Issuing State:	Class	CDL License?
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Have you ever been convicted of or plead guilty or no contest to any crime, other than a minor traffic offense? If so, describe in full:

Notice: Failure to disclose all requested criminal record information on your application will result in refusal of employment or discharge if you have already been employed. The nature of any criminal record will be considered in relation to any jobs for which are applying and will not necessarily keep you from being hired.

Education

School Attended	Address	Dates of Attendance	Year of Graduation	Area of Study	Degree Received
High School:		From:			
		To:			
College:		From:			
		To:			
Graduate School:		From:			
		To:			

Employment Record: List present or last employer first. To document additional employment, please record on the back of this form. Attach resume if desired.

Employer:	Phone #:	Employment Dates:	From:
			To:
Mailing Address:	City, State, Zip:		
Position:	Final Salary: <i>(circle one)</i> Per: Hour Year	May we contact?	Yes No
Responsibilities:			
Supervisor:	Reason for Leaving:		

Employer:	Phone #:	Employment Dates:	From:
			To:
Mailing Address:	City, State, Zip:		
Position:	Final Salary: <i>(circle one)</i> Per: Hour Year	May we contact?	Yes No
Responsibilities:			
Supervisor:	Reason for Leaving:		

Employer:	Phone #:	Employment Dates:	From:
			To:
Mailing Address:	City, State, Zip:		
Position:	Final Salary: <i>(circle one)</i> Per: Hour Year	May we contact?	Yes No
Responsibilities:			
Supervisor:	Reason for Leaving:		

Employer:	Phone #:	Employment Dates:	From:
			To:
Mailing Address:	City, State, Zip:		
Position:	Final Salary: <i>(circle one)</i> Per: Hour Year	May we contact?	Yes No
Responsibilities:			
Supervisor:	Reason for Leaving:		

Computer Skills: List any computer skills or training you have below. Please state where training was obtained, such as an academic institution.

Computer Software: List software programs you have used, and length of time used.

Networking Experience: State any formal training in networking, where obtained, and practical work experiences obtained.

Hardware Troubleshooting: State any practical experiences you've had in hardware configuration, troubleshooting and how resolved.

Internet: State any practical experiences you've had in setting up a working Internet/Intranet system, including routing, firewall, and security issues.

Other Skills and Experiences: In the space below, summarize any special skills, work experiences or other qualifications acquired that would be of benefit for the position you are applying.

Hobbies or Special Interests: In the space below, summarize any hobbies or special interests you have that would be of benefit for the position you are applying.

Volunteer or Extra Curricular Activities: Describe any volunteer work, organizations, either religious or civic, that you are involved with. Please state any positions you may hold within these organizations.

References: Give the names and personal information of at least three persons, other than relatives or ministers, who can give information about your personal qualifications and/or work experience. Please complete all sections for personal information.

Name	Relationship	Address	City, State Zip	Day Phone
				Evening Phone

I understand and agree that if I am employed I may terminate my employment at any time, with or without notice and with or without cause. I understand that ABBE Regional Library System has the same right. However, to keep my service record in good standing, I shall give my Department Head at least 2 weeks' notice in writing. I understand that if employed, falsified statements on this application shall be considered sufficient cause for termination. You are hereby authorized to make any investigation of my personal employment, education, and any other related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools, or persons from all liability in responding to inquiries in connection with my application. I fully understand that it is ABBE Regional Library System's policy to achieve a drug-free work force and to provide a workplace free from the use of illegal drugs. I understand that the manufacture, distribution, dispensation, possession, sale, or use of illegal drugs, or the excessive use of alcohol, by ABBE Regional Library System employees, on or off the job, and on or off county or library property is prohibited. I understand that I must participate in a drug screening evaluation as condition of my on-going employment. I hereby certify that the facts set forth in the above application are true and complete to the best of my knowledge.

Signature: _____ Date: _____