



Hopewell • Dinwiddie  
Prince George  
McKenney

## APPOMATTOX REGIONAL LIBRARY SYSTEM

209 East Cawson Street, Hopewell, Virginia 23860-8414

Phone: 804-458-6329 Fax: 804-452-0909

www.arls.org

### GENERAL INFORMATION

1. Position Title: \_\_\_\_\_  
(One per Application)
2. Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(Optional Unless Under 18 Years of Age)
3. Full Name: \_\_\_\_\_  
Last First Middle
4. Address: \_\_\_\_\_  
\_\_\_\_\_  
City State Zip Code
5. Home Telephone: \_\_\_\_\_ Business Phone: \_\_\_\_\_
6. Have you previously been employed by the Appomattox Regional Library? Yes No  
If yes, Position Held: \_\_\_\_\_ Dates of Employment \_\_\_\_\_
7. If position requires driving:  
Valid Driver's License Number: \_\_\_\_\_ Issuing State \_\_\_\_\_ Expiration Date: \_\_\_\_\_
8. Are you legally eligible for employment in the United States? Yes No
9. Are you willing to accept employment which requires you to travel? Yes No
10. Please list geographical locations in which you are willing to work.  
\_\_\_\_\_
11. Are you available weekends, holidays, and varied shifts? Yes No
12. When will you be available to start work? Date: \_\_\_\_\_
13. Have you ever been convicted of a misdemeanor; felony; or traffic violations, excluding those before your 18th birthday? Yes \_\_\_\_\_ No \_\_\_\_\_ (If yes, please list all dates and explain)
14. List any relatives currently working for the Library or serving on the Board of Trustees:

**EMPLOYMENT HISTORY** (Begin with last or most recent paid, military, or voluntary experience.)

Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Immediate Supervisor: \_\_\_\_\_  
May we contact employer: Yes            No  
Job Duties:

Position held: \_\_\_\_\_  
Dates Employed: \_\_\_\_\_  
Starting Salary \_\_\_\_\_ Ending Salary \_\_\_\_\_  
Number of Persons Supervised: \_\_\_\_\_  
Name if different from Present: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Immediate Supervisor: \_\_\_\_\_  
May we contact employer: Yes            No  
Job Duties:

Position held: \_\_\_\_\_  
Dates Employed: \_\_\_\_\_  
Starting Salary \_\_\_\_\_ Ending Salary \_\_\_\_\_  
Number of Persons Supervised: \_\_\_\_\_  
Name if different from Present: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Immediate Supervisor: \_\_\_\_\_  
May we contact employer: Yes            No  
Job Duties:

Position held: \_\_\_\_\_  
Dates Employed: \_\_\_\_\_  
Starting Salary \_\_\_\_\_ Ending Salary \_\_\_\_\_  
Number of Persons Supervised: \_\_\_\_\_  
Name if different from Present: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

## EDUCATION

Do you have a high school diploma? Yes No Date Received: \_\_\_\_\_  
If no, highest grade completed (1st - 12th)

Name and address of high school attended:

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Do you have a GED? Yes No Date Received \_\_\_\_\_

Post High School Education:

Name and location of institution	Degree Received	Major/Specialty	Dates
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List certification or licenses that you possess:

## SKILLS

List Computer Software Skills, Training, and Language Skills.

## REFERENCES

(List three persons not related to you who know your qualifications.)

Name	Address	Telephone	Relationship
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

## CERTIFICATION

I hereby certify that all entries and all attachments are true and complete. I agree and understand that any falsification of information herein, regardless of time of discovery, may cause forfeiture on my part to any employment in the services of the Appomattox Regional Library System. I understand that all information on this application is subject to verification and I consent to references and former employers and educational institutions listed being contacted regarding this application. I further authorize the Library to rely upon and use as it sees fit any information received from such contacts.

Date \_\_\_\_\_

\_\_\_\_\_  
Applicant's Signature

# DISCLOSURE AND AUTHORIZATION TO OBTAIN INFORMATION

In connection with my suitability for employment with Appomattox Regional Library System, (herein "Client") or if employed, I understand that prior to or at any time after my employment commences a consumer report may be requested for employment purposes from Priority Research, Inc., (herein: "Priority Research") from public records including; but not limited to, Social Security number, motor vehicle operation history/driving records, workers' compensation information and criminal history to the extent permitted by law from various local, state, and federal agencies. Further, I understand that an Experian Employment Insight Report, Trans Union Employment Credit Report or Equifax Persona report may be requested. Finally, I understand that an Investigative Consumer Report may be requested and, as required under §606(a)(1) of the federal Fair Credit Reporting Act (FCRA), IS U.S.C. §1681 et seq., I understand that this Report will include information as to my character, general reputation, personal characteristics, mode of living, work habits, performance, experience, along with reasons for termination of past employment, whichever are applicable, obtained through personal interviews with associates who have knowledge concerning such items of information.

**I VOLUNTARILY AND KNOWINGLY AUTHORIZE ANY PRESENT OR PAST EMPLOYER OR SUPERVISOR, COLLEGE OR UNIVERSITY OR OTHER INSTITUTION OF LEARNING, ADMINISTRATOR, LAW ENFORCEMENT AGENCY, STATE AGENCY, LOCAL AGENCY, FEDERAL AGENCY, CREDIT BUREAU, PRIVATE BUSINESS, MILITARY BRANCH OR THE NATIONAL PERSONNEL RECORDS CENTER, PERSONAL REFERENCE, AND/OR OTHER PERSONS TO GIVE RECORDS OR INFORMATION THEY MAY HAVE CONCERNING MY CRIMINAL HISTORY, MOTOR VEHICLE HISTORY, SOCIAL SECURITY NUMBER, EARNINGS HISTORY, CHARACTER, AND EMPLOYMENT (INCLUDING REASONS FOR TERMINATION), CREDIT HISTORY, CREDIT CAPACITY, OR CREDIT STANDING OR ANY OTHER INFORMATION REQUESTED BY PRIORITY RESEARCH DEEMED PERTINENT TO MY EMPLOYMENT.**

In accordance with the FCRA and applicable state laws, I understand that I have the right to request a complete and accurate disclosure of the nature and scope of the investigation requested. Further, I am entitled to know if employment is denied because of information obtained by my prospective employer from a Reporting Agency. If so, I will be so advised in writing and be given the name, address and toll free number of the agency, a statement that the action was based in whole or in part on information contained in the Report, and written notice that I have the right (i) if I request, to obtain within sixty days a free copy of the Report from the Reporting Agency (under no circumstances shall such cost exceed the actual costs of duplication), and from any other Consumer Reporting Agency which compiles and maintains files on consumers on a nationwide basis; and, (ii) to dispute the accuracy or completeness of any information in a consumer report furnished by the Reporting Agency. I understand that upon my request with reasonable notice and after furnishing proper identification, Priority Research's trained personnel will provide me with investigative information in my file during normal business hours in person or upon written request, by certified mail to a specified addressee, or telephone as permitted by law. Further, I understand that should I wish to review my file in person; I am permitted to be accompanied by one other person of my choosing who shall furnish reasonable identification and if requested, Priority Research will provide a written explanation of any coded information contained in my file. I understand that Priority Research is a Consumer Reporting Agency and it is Priority Research's policy to not be involved in or make hiring decisions or recommendation.

Priority Research's privacy policy limits the information it provides to the client named herein, however I hereby authorize the client to share such information with parties in interest who have a "need to know" such information to protect them and their employees. Priority Research does not sell or otherwise provide any of the information found in its background investigations to any other party other than the client.

I understand that any consumer report or investigative consumer report requested will be used strictly for employment purposes as defined under §603(h) and authorized under §604(a)(3)(B) of the Fair Credit Reporting Act, as a report to be used for the purpose of evaluation for employment, promotion, reassignment or retention as an employee. I further understand and consent to the furnishing of workers' compensation information, after a conditional job offer, which may include my medical information including any and all injuries pursuant to state law and in compliance with the Federal Americans with Disabilities Act. In addition, I understand that any offer of employment, promotion, reassignment or retention will be conditional upon the receipt of satisfactory information as required by the subscriber, and that to be considered for employment, promotion, reassignment or retention, I must authorize the procurement of such report(s). A photographic or faxed copy of this form shall be as valid as the original.

**The following must be filled out completely and signed for your application to be considered**

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ MIDDLE NAME/INITIAL \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ COUNTY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_ DRIVER'S LICENSE NUMBER or STATE ID \_\_\_\_\_ STATE ISSUED \_\_\_\_\_ E.MAIL ADDRESS \_\_\_\_\_

For ID purposes please provide FULL DOB: \_\_\_\_\_ Please List Other Names Used \_\_\_\_\_

**For residents of California, Minnesota and Oklahoma only:**

I wish to receive a copy of any Background Check Report on me that is requested.

\_\_\_\_\_  
Signature Authorizing the Procurement of the Consumer Report and/or Investigative Consumer Report

TODAY'S DATE \_\_\_\_\_

# STATE AND FEDERAL EMPLOYMENT REPORTING INFORMATION

The information listed below will NOT be used for making employment decisions and will NOT be kept with your application for employment. It is needed to analyze and assure compliance with State and Federal equal employment opportunity laws and related reporting requirements. Federal laws prohibit employment discrimination on the basis of race, color, sex, age, handicap, national origin, or religion.

Position Title \_\_\_\_\_ Date \_\_\_\_\_  
                    Fulltime            Part-time

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Home Telephone Number \_\_\_\_\_ Business Telephone Number \_\_\_\_\_  
Date of Birth \_\_\_\_\_

Check: Male            Female            Check: Handicapped    Yes    No

**Check Race/Ethnic Group(s)**

White  
Black  
Hispanic  
Asian and Asian American  
American Indian  
Other \_\_\_\_\_

**Check Highest Level of Education Completed**

Attended High School  
High School Diploma  
Attended College  
Associate Degree  
Bachelor's Degree  
Master's Degree  
PH.D or Professional Degree

**Check Status**

Military  
Active Duty  
Active Reserve  
National Guard  
Veteran  
Not Applicable

**Check Referral Source(s)**

Newspaper  
Employment Agency  
Library Bulletin Board  
Minority or Women's Group  
Friend or Relative  
National Publication  
Other \_\_\_\_\_