

## **Application For Employment**

Please return the completed application and a copy of your resume to the address below or by  
Email: [hr@somd.lib.md.us](mailto:hr@somd.lib.md.us)

Southern Maryland Regional Library Association, Inc.  
Attn: Human Resources  
P. O. Box 459  
Charlotte Hall, MD 20622



# WORK HISTORY

May we contact your present employer?  Yes  No

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

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

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

Previous Employer	
Address	Telephone
Date Started Starting Salary: \$	Starting Position
Date Left Salary on Leaving: \$	Position on Leaving
Name of Supervisor	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	Daytime 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 \_\_\_\_\_