Application For Employment

Please return the completed application and a copy of your resume to the address below or by Email: hr@smrla.org

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

Southern Maryland Regional Library Association, Inc.
APPLICATION FOR EMPLOYMENT

It is the policy of Southern Maryland Regional Library Association, Inc. (SMRLA, Inc.) to comply with all applicable state and federal laws prohibiting discrimination in employment based on race, age, color, sex, religion, national origin, disability or other protected classification.

Name _____ Date _____

Address _____
Street city state zip

Telephone number _____ Are you over 18 years old? ☐ Yes ☐ No

Email address: _____

Are you authorized to work in the U.S. on an unrestricted basis ? ☐ Yes ☐ No

How did you learn of this opening? _____

Have you worked for SMRLA, Inc. before? ☐ Yes ☐ No If Yes, Dates of Employment _____

Position(s) held _____

Are there any hours, shifts or days you cannot or will not work? ☐ Yes ☐ No

If Yes, please specify: _____

Are you seeking ☐ Full Time ☐ Part Time Hours Preferred _____

Are you willing to work overtime as required? ☐ Yes ☐ No

EDUCATION	NAME & LOCATION OF SCHOOL	MAJOR	DIPLOMA/ DEGREE
High School			
College/Univ.			
College/Univ.			
Other Training or Education/ Certification			

POSITION APPLIED FOR	
Wage or salary desired $	When can you start?

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_____