

Cannon County Library System  
Job Application

Public Services Librarian

**CANNON COUNTY LIBRARY SYSTEM**

212 College St.

Woodbury, TN 37190

Phone: 615-563-5861

Website: www.cannoncolibrary.org

An Equal Opportunity Employer

**APPLICATION  
FOR EMPLOYMENT**

Please print in black or blue ink.

If filled out on-line, use the tab key to move through the form.

Date: \_\_\_\_\_

\_\_\_\_\_  
Last (print above)                      First                      Middle                      (    )  
Phone: Home

\_\_\_\_\_  
Address (street, apt. #)                      (    )  
Phone: Business

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
E-mail Address

|  |  |   |
|--|--|---|
| Can you provide proof of eligibility to work in the U.S. after an offer of employment?<br><input type="checkbox"/> Yes <input type="checkbox"/> No | List any other names under which you have been employed. | Are you at least 16 years of age?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |
|--|--|---|

How were you referred to the Library? \_\_\_\_\_

Name of any relative(s) employed by the Library: \_\_\_\_\_  
Name                      Relationship

Have you ever been employed by CCLS?     Yes     No

If yes, give the titles and dates of employment: \_\_\_\_\_

**POSITION OBJECTIVE** (write below)

|  |  |
|--|--|
| <p>For what position(s) or type of work are you applying?</p> <p>Minimum salary requirement:</p> | <p>Are you interested in: (mark all that apply)</p> <p><input type="checkbox"/> Full-time                      <input type="checkbox"/> Temporary Full-time</p> <p><input type="checkbox"/> Part-time                      <input type="checkbox"/> Temporary Part-time</p> <p><input type="checkbox"/> Substitute</p> <p>Date Available to Start?</p> |
|--|--|

| <p>Tell briefly why you are interested in employment with the Cannon County Library System:</p> | <p>Hours Available:</p> <table border="1"> <thead> <tr> <th></th> <th>Morning</th> <th>Afternoon</th> <th>Evening</th> </tr> </thead> <tbody> <tr><td>Monday</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>Tuesday</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>Wednesday</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>Thursday</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>Friday</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>Saturday</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>Sunday</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> </tbody> </table> |                          | Morning                  | Afternoon | Evening | Monday | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Tuesday | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Wednesday | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Thursday | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Friday | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Saturday | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Sunday | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|---|---|--------------------------|--------------------------|-----------|---------|--------|--------------------------|--------------------------|--------------------------|---------|--------------------------|--------------------------|--------------------------|-----------|--------------------------|--------------------------|--------------------------|----------|--------------------------|--------------------------|--------------------------|--------|--------------------------|--------------------------|--------------------------|----------|--------------------------|--------------------------|--------------------------|--------|--------------------------|--------------------------|--------------------------|
|   | Morning   | Afternoon                | Evening                  |           |         |        |                          |                          |                          |         |                          |                          |                          |           |                          |                          |                          |          |                          |                          |                          |        |                          |                          |                          |          |                          |                          |                          |        |                          |                          |                          |
| Monday  | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> |           |         |        |                          |                          |                          |         |                          |                          |                          |           |                          |                          |                          |          |                          |                          |                          |        |                          |                          |                          |          |                          |                          |                          |        |                          |                          |                          |
| Tuesday   | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> |           |         |        |                          |                          |                          |         |                          |                          |                          |           |                          |                          |                          |          |                          |                          |                          |        |                          |                          |                          |          |                          |                          |                          |        |                          |                          |                          |
| Wednesday   | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> |           |         |        |                          |                          |                          |         |                          |                          |                          |           |                          |                          |                          |          |                          |                          |                          |        |                          |                          |                          |          |                          |                          |                          |        |                          |                          |                          |
| Thursday  | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> |           |         |        |                          |                          |                          |         |                          |                          |                          |           |                          |                          |                          |          |                          |                          |                          |        |                          |                          |                          |          |                          |                          |                          |        |                          |                          |                          |
| Friday  | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> |           |         |        |                          |                          |                          |         |                          |                          |                          |           |                          |                          |                          |          |                          |                          |                          |        |                          |                          |                          |          |                          |                          |                          |        |                          |                          |                          |
| Saturday  | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> |           |         |        |                          |                          |                          |         |                          |                          |                          |           |                          |                          |                          |          |                          |                          |                          |        |                          |                          |                          |          |                          |                          |                          |        |                          |                          |                          |
| Sunday  | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> |           |         |        |                          |                          |                          |         |                          |                          |                          |           |                          |                          |                          |          |                          |                          |                          |        |                          |                          |                          |          |                          |                          |                          |        |                          |                          |                          |

**EMPLOYMENT RECORD**

List all employment starting with the latest employer first and activities including self-employment for the past 10 years if possible. Account for periods of unemployment. Use additional paper if necessary.

**LIST YOUR CURRENT OR MOST RECENT EMPLOYER FIRST.**

1. Name of Employer Address Phone

|                               |                 |               |                                    |
|-------------------------------|-----------------|---------------|------------------------------------|
| Employed (mo/yr)<br>From: To: | Starting Salary | Ending Salary | Name of Supervisor                 |
| Job Title                     | Dept.           |               | Reason for Leaving; Please explain |
| Duties:                       |                 |               |                                    |

2. Name of Employer Address Phone

|                               |                 |               |                                    |
|-------------------------------|-----------------|---------------|------------------------------------|
| Employed (mo/yr)<br>From: To: | Starting Salary | Ending Salary | Name of Supervisor                 |
| Job Title                     | Dept.           |               | Reason for Leaving; Please explain |
| Duties:                       |                 |               |                                    |

3. Name of Employer Address Phone

|                               |                 |               |                                    |
|-------------------------------|-----------------|---------------|------------------------------------|
| Employed (mo/yr)<br>From: To: | Starting Salary | Ending Salary | Name of Supervisor                 |
| Job Title                     | Dept.           |               | Reason for Leaving; Please explain |
| Duties:                       |                 |               |                                    |

4. Name of Employer Address Phone

|                               |                 |               |                                    |
|-------------------------------|-----------------|---------------|------------------------------------|
| Employed (mo/yr)<br>From: To: | Starting Salary | Ending Salary | Name of Supervisor                 |
| Job Title                     | Dept.           |               | Reason for Leaving; Please explain |
| Duties:                       |                 |               |                                    |

5. Name of Employer Address Phone

|                               |                 |               |                                    |
|-------------------------------|-----------------|---------------|------------------------------------|
| Employed (mo/yr)<br>From: To: | Starting Salary | Ending Salary | Name of Supervisor                 |
| Job Title                     | Dept.           |               | Reason for Leaving; Please explain |
| Duties:                       |                 |               |                                    |

May we contact your current employer at this time for a reference and verification?  Yes  No

**EDUCATION**

|                                |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
|--------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Check highest grade completed: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                | 6                        | 7                        | 8                        | 9                        | 10                       | 11                       | 12                       | 1                        | 2                        | 3                        | 4                        | 5                        | 6+                       |
| Middle School                  |                          |                          |                          | High School              |                          |                          |                          | College                  |                          |                          |                          |                          |                          |

List all schools attended: high school and above, technical/vocational, college, business, military, etc.

| School (write below)                  | Credit Hours | Did you graduate?   | Certification or Degree Received | Major Subject |
|---------------------------------------|--------------|---|----------------------------------|---------------|
| Name: _____<br>City _____ State _____ |              | Yes <input type="checkbox"/><br>No <input type="checkbox"/> |                                  |               |
| Name: _____<br>City _____ State _____ |              | Yes <input type="checkbox"/><br>No <input type="checkbox"/> |                                  |               |
| Name: _____<br>City _____ State _____ |              | Yes <input type="checkbox"/><br>No <input type="checkbox"/> |                                  |               |
| Name: _____<br>City _____ State _____ |              | Yes <input type="checkbox"/><br>No <input type="checkbox"/> |                                  |               |

If you possess a Driver's License, please indicate the State and type State: \_\_\_\_\_ Type: \_\_\_\_\_  
(Some of our positions require that you hold a specific type).

**Special Skills and Qualifications**

Summarize special training, skills and proficiencies (i.e. typing, etc.):

Please describe your knowledge and experience in using a computer. Please list any computer programs you have worked with and your proficiencies :

It is the requirement of all employees to provide exceptional service to customers – both internal and external. Please provide us with an example of a situation where you have provided or observed exceptional customer service.

Do you speak, read, write, or understand any foreign languages?  Yes  No If so, indicate your fluency:

List any special courses or seminars taken within the last 5 years:

**ACTIVITIES**

List any activities and other information you feel would be of use in evaluation of your qualifications for the position you seek (e.g., professional assoc., positions in outside organizations). Do not list information revealing race, religion, color, national origin, sex, age or ancestry.

**PROFESSIONAL REFERENCES.** Please furnish the names and addresses of three people to whom you are not related and who can attest to your work performance.

|                       |                         |
|-----------------------|-------------------------|
| Name                  | Occupation              |
| E-mail Address<br>( ) | Business Address<br>( ) |
| Home Phone            | Business Phone          |
| Name                  | Occupation              |
| E-mail Address<br>( ) | Business Address<br>( ) |
| Home Phone            | Business Phone          |
| Name                  | Occupation              |
| E-mail Address<br>( ) | Business Address<br>( ) |
| Home Phone            | Business Phone          |

❖ Have you ever been convicted of a felony? Include any convictions by military trial and any criminal charges for which you are awaiting trial. Upon offer of employment, your fingerprints may be sent to local and federal agencies for record verification. Full disclosure is to your advantage because your record does not automatically disqualify you for employment. Failure to admit convictions will result in disqualification from the hiring process or discharge from the Cannon County Library System.

Yes    No

If yes, please give a detailed explanation:

**Standards of Employment**

CCLS sets high standards for its employees. Compliance with these standards is required. Please carefully consider these requirements before accepting a position with us. As an employee, you will be expected to comply in full.

Customer Service

❖ Treat all customers with courtesy, dignity, respect, and an exceptionally friendly attitude at all times and under all circumstances.

Attendance

❖ Report to work when scheduled and on time.

Personal Appearance

❖ Maintain a business-like, professional appearance (dress and grooming).

**Would you be able to comply with all of the standards listed above?**    Yes    No

If not, or if you have any concerns about being able to comply, please explain:

**PRE-EMPLOYMENT STATEMENT**

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If offered a position with the Cannon County Library System, I understand the following:

- ❖ Failure to pass either of the pre-employment checks will result in withdrawal of the employment offer or immediate discharge.
- ❖ I am required to submit proof of my identity and legal right to work in the United States on my first day of employment.
- ❖ I agree to comply with the guidelines and policies of the Cannon County Library System.

I further understand that nothing contained in the application or conveyed to me during any interview which may be granted, is intended to create an employment contract, implied or explicit, between the Library and myself. If employed by Cannon County Library System, my employment relationship is strictly voluntary and at our mutual will. I understand that my employment is for no definite period and may be terminated at any time with or without prior notice, with or without cause or reason, at the option of either the Library or myself.

I hereby authorize CCLS to thoroughly investigate my references, work records, education and other matters related to my suitability for employment and, further, authorize my current and former employers to disclose to CCLS any and all letters, reports and other information pertaining to my employment with them, without giving me prior notice of such disclosure. In addition, I hereby release CCLS, my current and former employers, and all other persons, corporations, partnership associations from any and all claims, demands, or liabilities arising out of or in any way related to such investigations or disclosure.

I understand that any omission or misstatement on this application or on any documents used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery. I further certify that I, the undersigned applicant, have personally completed this application.

My signature below certifies that I have read the above and understand and agree to the terms and conditions outlined.

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Applicant Signature

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Date

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Any transmission as an "electronic record" containing my "electronic signature" as those terms are defined in applicable federal and/or state laws, or my facsimile transmission of this application containing a facsimile of my signature, shall be as effective, enforceable and valid as if a paper version of this application were delivered containing my original written signature.

Please supplement this record with a resume, references or any additional information that you feel will aid in our evaluation of your qualifications.

***Thank you for your interest in employment with CCLS***