

APPLICATION FOR EMPLOYMENT
LONOKE COUNTY LIBRARY SYSTEM
AN EQUAL OPPORTUNITY

Phone No. 855-572-6657

INSTRUCTIONS FOR COMPLETING THIS FORM ó Please read carefully!

Please print in ink or type all entries. An incomplete or illegible application may jeopardize your opportunity for employment. Eligibility to compete for positions is based on a review of your application. Only information provided will be evaluated. Be certain that you complete all items as fully and accurately as possible.

Applications can be submitted in person or mailed to the library with the position for which you are applying.

Cabot Public Library	909 W. Main St Cabot, AR 72023-2609
Carlisle Public Library	105 East 5 th Street Carlisle, AR 72024
Marjorie Walker McCrary Memorial Library	204 E. Second Street Lonoke, AR 72086-2804
William F. Foster Public Library	100 E. Taylor England, AR 72046-2181





**APPLICATION FOR EMPLOYMENT
LONOKE COUNTY LIBRARY SYSTEM**

Position you are applying for: _____

Locations you are willing to work:

Cabot _____ Carlisle _____ England _____ Lonoke _____

Full Name: _____

Address: _____ City _____

Telephone Number: _____

Emergency Contact (name and telephone number)

QUALIFICATIONS

Education	Location	Date Graduated	Degree
GED			
High School			
College 1			
College 2			
College 3			

Library Experience:

Computer Experience:

Customer Service Experience:

PERSONAL REFERENCES *(not former employers or relatives)*

Name	Occupation	Address	Telephone Number

EMPLOYMENT HISTORY

Company Name: _____ Telephone number: _____

Address: _____ Salary: _____ per: _____

Dates of Employment: _____ to _____ Reason for Leaving: _____

Name of Supervisor: _____ Job Title: _____

Job Description:

EMPLOYMENT HISTORY

Company Name: _____ Telephone number: _____

Address: _____ Salary: _____ per: _____

Dates of Employment: _____ to _____ Reason for Leaving: _____

Name of Supervisor: _____ Job Title: _____

Job Description:

EMPLOYMENT HISTORY

Company Name: _____ Telephone number: _____

Address: _____ Salary: _____ per: _____

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Name of Supervisor: _____ Job Title: _____

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