

**SALINE COUNTY
Personnel Department
Saline County Library
1800 Smithers Drive
Benton, AR 72015
Phone (501) 778-4766, Fax (501) 778-0536
admin@saline.lib.ar.us
www.saline.lib.ar.us**

Saline County is an Equal Opportunity Employer. Applicants and employees shall be afforded equal opportunity in all aspects of employment without regard to race, color, age, sex, religion, political affiliation, national origin, disability, marital status, or military veteran status. As a means of accommodation to persons with specific disabilities that prevent them from completing this application, confidential assistance completing this application may be obtained upon request.

APPLICATION FOR EMPLOYMENT

Please answer all sections and provide information requested. This application will not be valid and processed unless completed in full – resumes will not be accepted. Please complete all items as accurately as possible. If an item does not apply, write “N/A”. The position must be open at the time of the application for the application to be valid.

GENERAL INFORMATION

POSITION APPLYING FOR: _____ **DATE:** _____

NAME: _____
 LAST FIRST MIDDLE

ADDRESS: _____
 STREET CITY STATE ZIP

TELEPHONE: () _____ **CELL/MESSAGE:** () _____

Are you 18 years or older? _____ Yes _____ No

Are you related to a current Saline County employee? YES/NO If yes, who and how related?

Have you been previously employed with Saline County? YES/NO If yes when and what department were you employed in.

Have you ever been convicted of a felony? YES/NO (Conviction will not necessarily disqualify an application from employment) If yes, describe conditions:

Are you a citizen of the United States or are you lawfully eligible to become employed in the United States? (Proof of U.S. citizenship or immigration status will be required if employed) YES/NO

Can you perform the duties of the job for which you are applying with or without reasonable accommodations? _____ Yes _____ No (Do not answer this question until you have read the job description of the position applied for.)

Type of employment desired? _____ Fulltime _____ Part time _____ Seasonal

If part time, please provide the number of hours and what days you would be available to work?

Can you travel if the job required it? YES/NO

If hired, would you be willing to perform other jobs as assigned? YES/NO

Is any additional information necessary to enable a check of your employment records such as a change of name, use of an assumed name or nickname? YES/NO

If yes, please explain: _____

EMPLOYMENT HISTORY:

List last 3 employers, starting with most recent including periods of military service.

1) COMPANY NAME & ADDRESS:

Supervisor Name and phone number: _____

Dates of employment:

Starting month/year _____ **Ending month/year** _____

Starting Salary \$ _____ **HR WK MO YR** **Ending Salary \$** _____ **HR WK MO YR**

Position held: _____

Reason for leaving: _____

Major Duties performed: _____

May we contact this supervisor at this time for a reference? YES/NO

2) COMPANY NAME & ADDRESS:

Supervisor Name and phone number: _____

Dates of employment:

Starting month/year _____ **Ending month/year** _____

Starting Salary \$ _____ **HR WK MO YR** **Ending Salary \$** _____ **HR WK MO YR**

Position held: _____

Reason for leaving: _____

Major Duties performed: _____

May we contact this supervisor at this time for a reference? YES/NO

3) COMPANY NAME & ADDRESS:

Supervisor Name and phone number: _____

Dates of employment:

Starting month/year _____ **Ending month/year** _____

Starting Salary \$ _____ **HR WK MO YR** **Ending Salary \$** _____ **HR WK MO YR**

Position held: _____

Reason for leaving: _____

Major Duties performed: _____

May we contact this supervisor at this time for a reference? YES/NO

EDUCATION:

SCHOOLS ATTENDED

DATES

DEGREE/CERTIFICATION

TRAINING AND SKILLS

List training, skills, certifications, licenses that would qualify you for work in the position you are applying for. Specify office equipment, machines, computer software, licenses or special training or classes:

REFERENCES

Name, Address, and Contact Information

1. _____

2. _____

3. _____

NOTICE TO APPLICANTEES – READ CAREFULLY

I understand that this application is not intended to create any contractual obligations of any kind or a contract of employment between Saline County and any applicants or employees. Saline County is an At-Will employer and as such may terminate the employment relationship at any time, with or without notice or cause so long as there is no violation of applicable federal or state law. Employees are free to resign at any time, with or without notice or cause.

I have applied for a position with Saline County. As part of its hiring process, Saline County may conduct employment verification, education verification, driver’s license check, criminal background check, reference check, and/or other inquiries regarding my background, employment history, including information as to my personal character, general reputation, job performance, and other qualities pertinent to my prospective service.

I hereby consent and authorize Saline County and/or their designated agents to make such inquiries, and I authorize without reservation, the release of such information to Saline County and/or their designated agents, and release Saline County and the provider of such information from any and all liability for damages arising from the investigation and disclosure of the requested information.

I will allow a photocopy of this authorization to be as valid as the original.

Signature of applicant: _____

Drivers License number: _____

Social Security Number: _____

Date of Signature: _____

APPLICANT INFORMATION FORM

Saline County is an Equal Opportunity Employer. We request that you voluntarily provide the following information which will be used to study recruitment and employment patterns and to provide as requested, statistical data to federal compliance agencies. This information WILL NOT be used in the employment process and failure to provide the information WILL NOT jeopardize your opportunity for employment with SALINE COUNTY. **Again, your cooperation in completing this section is completely voluntary. Any information gathered is strictly confidential.**

Name: _____ Date: _____

Position applied for: _____

SEX AND RACE/ETHNIC IDENTIFICATION

SEX: Male Female

RACE/ETHNIC: For the purpose of Equal Opportunity, race/ethnic categories are identified as follows: please check the category, which identifies your race/ethnic background.

WHITE: (not Hispanic origin) – all persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.

BLACK: (not of Hispanic origin) – all persons having origins of the Black racial groups of Africa.

HISPANIC: All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.

ASIAN OR PACIFIC ISLANDERS: All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Subcontinent or the Pacific Islands.

AMERICAN INDIAN OR ALASKIAN NATIVE: All persons have origins in any of the original peoples of North American, and who maintain cultural identification through tribal affiliations or community recognition.

REFERRAL SOURCES

How did you learn of this position? Please check all that apply

- Personnel Office
- Relative or friend not an employee
- Employee of Saline County
- Job Notice Posting in County Buildings or website
- Other (specify) _____

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