Panhandle Public Library Cooperative System

2862 Madison Street, Marianna, FL 32448
(850) 482-9296 (850) 482-9297 (Fax)

We consider applicants for all positions without regard to race, color, gender, marital status, religion, creed, national origin, political opinions or affiliations, the presence of a non-job-related medical condition or disability, Veteran status or any other legally protected status. The information requested on this application is required by law and or by the Panhandle Public Librarey Cooperative System's personnel rules and regulations and is necessary to be evaluated for employment with the Board. In accordance with the Americans with Disabilities Act (ADA) we provide reasonable accommodation upon request, Drug Free Workplace Policy: In accordance with F.S.S. 112, Panhandle Public Librarey Cooperative System is a drug-free workplace. Applicants and employees may be required to submit to testing for the use of illegal substances at any time for: (1) pre-employment; (2) reasonable suspicion; (3) post-accident; and (4) return to duty. All information provided is verified. If employed, this document becomes part of your permanent personnel file. Falsification of any information precludes you from or is grounds for immediate termination of employment.

(PLEASE PRINT OR TYPE) Date of Application_____

Position Applied For: (check only one) _____

☐ Full Time ☐ Part Time ☐ Temp

I can start work on: _____

Do you intend to provide notice to your current employer?

Y	N

APPLICANT INFORMATION (Type or print legibly in black or blue ink only)

This application must be completed in its entirety and signed. Please indicate NA (not applicable) in any section that does not apply. A resume may be attached but does not substitute for a fully completed application. Unsigned or incomplete applications will not be considered. Include with your application all documentation supporting that you meet the minimum requirements of the position.

Name _____
Last First Middle

_____
Address Number Street City State Zip Code

Telephone (___) _____ Cell_____ Email_____

Do you have a valid Florida driver license? Yes_____ No_____

Check Class:

☐ A ☐ B ☐ C ☐ E

		Y	N
1.	Have you ever been convicted of a crime other than a minor traffic violation?		
2.	Are you currently under arrest pending trial or adjudication?		
3.	Have you ever committed a crime for which you were not arrested or convicted?		
4.	Have you ever pled nolo contendere (no contest) to a crime?		
5.	Has a court ever withheld adjudication after you were charged with a crime?		
6.	Are you currently using illegal drugs?		
7.	Have you ever been discharged or asked to resign from any previous employment?		
8.	Have you received disciplinary action from your current or last employer within the last 12 months?		

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If you answered "yes" to any of the questions in the section above, attach an additional page(s) to this application explaining the circumstances. Note: Answering "yes" to any of the questions above may not necessarily disqualify you from consideration for employment with the PPLCS. Each explanation is evaluated in relation to the position for which you are applying.

WORK HISTORY. Begin with your current or most recent employer and provide your complete work history. Attach additional pages as necessary. Applications indicating "See attached resume" will not be considered.

Employer_____ Telephone_____
Address_____ Job Title_____
Work Performed_____
_____
Dates Employed From: _____ To: _____ Last Salary: _____
Supervisor_____ Reason for leaving_____
_____

Employer_____ Telephone_____
Address_____ Job Title_____
Work Performed_____
_____
Dates Employed From: _____ To: _____ Last Salary: _____
Supervisor_____ Reason for leaving_____
_____

Employer_____ Telephone_____
Address_____ Job Title_____
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Employer_____ Telephone_____
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_____

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May PPLCS contact the employers listed above in order to verify the information you have provided? Yes _____No_____

Skills and Qualifications: (Summarize special skills and qualifications) _____
_____
_____

EDUCATION

HIGH SCHOOL | Name/City/State: _____
Highest Grade Completed_____ Diploma: Yes / No GED or Equivalency: Yes / No
Your name if different than on application: _____

COLLEGE/UNIVERSITY | Name/City/State: _____
Dates Attended_____ Hours Earned _____
Date Degree Awarded_____ Degree: AA, AS, BS, MS, PhD
Major Course of Study_____

TECHNICAL/VOCATIONAL SCHOOL | Name/City/State: _____
Dates Attended_____ Hours Earned _____
Date Degree Awarded_____ Degree: AA, AS, BS, MS, PhD
Major Course of Study_____

List Any Current Licenses, Registrations or Certifications: License, Registration or Certification Number: _____Date Received: _____Date Expires: _____

APPLICANT'S STATEMENT

I certify that all statements made in this application are true. I further acknowledge that if the Panhandle Public Library Cooperative System employs me, any misstatements of fact contained in this application or supporting documents may be cause for termination.
(Under Florida's Government-in-the-Sunshine Law, applications for employment with a public agency (such as the Panhandle Public Library System) are subject to public disclosure.
I authorize the Panhandle Public Library Cooperative System to make lawful inquiries regarding my past and present employment and to release from liability all of those supplying information.

_____
Applicant's Signature Date

PROFESSIONAL REFERENCES: Exclude friends or relatives.

Name:	Occupation:	Complete Address:	Phone or Cell Number:	Years Known:

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Exemption from Public Disclosure
Florida Statutes Sections 119.071, 493.6122 and 633.35

Please complete this form only if you are claiming exemption from public disclosure of your home address and personal contact information under these statutes.

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____

I request that my home address and personal contact information given to the Panhandle Public Library Cooperative System's Office be held in confidence, pursuant to Sections 119.071(2)(h)1, 119.07(4)(d)1-6, 493.6122 and 633.35, Florida Statutes, because I belong to the following qualifying category: (please check applicable box below):

- ☐ Active or former law enforcement personnel, and/or their spouse or child
- ☐ Active or former Correctional Office or Probation Officer, and/or their spouse or child
- ☐ Active or former Juvenile Probation Officer, Supervisor and Personnel and/or their spouse or child
- ☐ Active or former investigative personnel of the Department of Children and Family Services
- ☐ Active or former investigative personnel of the Department of Health whose duties are to support the investigation of child abuse or neglect
- ☐ Active or former revenue and support enforcement personnel of the Department of Revenue, and/or their spouse or child
- ☐ Active Firefighter certified pursuant to FL Stat. 633.35, and/or their spouse or child
- ☐ State or County Court Judge, and/or their spouse or child
- ☐ Active or former State Attorneys, Assistant State Attorneys, Statewide Prosecutors or Assistant Statewide Prosecutors, and/or their spouse or child
- ☐ Active or former United States Attorneys and Assistant State Attorneys, and/or their spouse or child
- ☐ Active or former Federal Judges or Magistrates, and/or their spouse or child
- ☐ Active or former General Magistrates, Special Magistrates, Judges of Compensation Claims, Administrative Law Judges & Child Support Enforcement Hearing Officers and/or their spouse or child
- ☐ Active or former Code Enforcement Officers, and/or their spouse or child
- ☐ Active or former Guardian Ad Litem, and/or their spouse or child in accordance with Sec 39.820. F.S.
- ☐ Active or former human resource, public relations or employee relations directors, assistant directors, or assistant manager of any local government agency or water management district whose duties include hiring and firing employees, labor contract negotiation, administration or other personnel-related duties, and/or their spouse or child
- ☐ Current or former public defenders, assistant public defenders, criminal conflict & civil regional counsel and assistant criminal conflict and civil regional counsel, as well as their spouses and children
- ☐ Private Investigator/Recovery Agent holding a current Class C, CC, E, EE license in accordance with Sec. 496.6122. F. S. (A copy of this license must accompany this request)
- ☐ Victim of sexual battery, lewd lascivious offense committed upon or in the presence of a person less than 16 years of age, child abuse or victim of any sexual offense. (Must include official verification that an applicable crime has occurred)
- ☐ Victim of domestic violence, aggravated stalking, harassment or aggravated battery. (Must include official verification that an applicable crime has occurred)

_____

Signature of Applicant