



# Bedford Public Library System

Administration • 321 North Bridge Street • Bedford, VA 24523  
[www.bplsonline.org](http://www.bplsonline.org) • (540) 586-8911 • Fax (540) 586-1839

## APPLICATION FOR EMPLOYMENT

Bedford Public Library System (BPLS) is an equal opportunity employer and all applicants and employees shall be afforded equal opportunity in all aspects of employment without regard to race, sex, color, national origin, religion, age, otherwise qualified persons with disabilities, or any other factor protected by law. If needed, please contact the library for reasonable accommodation in completing this application. **Please do not enter your SSN on this application for submission by email - we will collect it in person if needed.**

BPLS accepts applications only for current advertised positions. We welcome resumes for supplemental information, but we request that you fill out your **three most recent positions on the application**. An application remains active during the recruitment period for which it was submitted. A separate application must be submitted for each position in which the applicant wishes to express interest.

Date: \_\_\_\_\_ Position applied for: \_\_\_\_\_

### PERSONAL DATA

Legal Name	_____	_____	_____	_____
	Last	First	M.I.	Other Names Used
Address	_____	_____	_____	_____
	Street Address or PO Box	City	State	Zip Code
	_____ - _____ - _____			
	E-Mail Address _____			
Phone	_____	_____	_____	_____
	Area Code	Telephone Number	Area Code	Telephone Number (alternate)

### EDUCATION

*Please provide all education or specialized training relevant to the position in which you are applying.  
Applicants must meet minimum educational requirements as stated in the posted job description.*

Did you graduate from high school or complete a high school equivalency program? ☐ Yes ☐ No  
If no, check highest grade completed: ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ 11 ☐ 12

Name of High School		Location			
Name of College / University or other Post High School Institution	Location	Degree Received	Major or Specialty	Minor	Dates Attended
1.					
2.					
3.					

Other education, training, certification, etc. relevant to the position you are applying for: \_\_\_\_\_

## EMPLOYMENT AND VOLUNTEER EXPERIENCE

Starting with the most recent, describe ALL paid, military, and applicable volunteer job experience. Highlight knowledge, skills, and abilities which best demonstrate your qualifications for this position. Please list significantly different jobs within the same organization as separate items. Use supplemental sheets if additional space is needed.

Job Title

Employer

Type of Business

Street Address

Dates of Service: From: \_\_\_\_\_ To: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Supervisor's Name

Supervisor's Position

☐ Full Time ☐ Part Time – Hours per week: \_\_\_\_\_

Salary:  
Starting \$ \_\_\_\_\_ Ending \$ \_\_\_\_\_

Job Duties / Equipment Used \_\_\_\_\_

Did you supervise others? ☐ Yes – How Many? \_\_\_\_\_ ☐ No

Reason for leaving? \_\_\_\_\_

May we contact this employer?

☐ Yes ☐ No

Job Title

Employer

Type of Business

Street Address

Dates of Service From: \_\_\_\_\_ To: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Supervisor's Name

Supervisor's Position

☐ Full Time ☐ Part Time – Hours per week: \_\_\_\_\_

Salary:  
Starting \$ \_\_\_\_\_ Ending \$ \_\_\_\_\_

Job Duties / Equipment Used \_\_\_\_\_

Did you supervise others? ☐ Yes – How Many? \_\_\_\_\_ ☐ No

Reason for leaving? \_\_\_\_\_

May we contact this employer?

☐ Yes ☐ No

Job Title

Employer

Type of Business

Street Address

Dates of Service From: \_\_\_\_\_ To: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Supervisor's Name

Supervisor's Position

☐ Full Time ☐ Part Time – Hours per week: \_\_\_\_\_

Salary:  
Starting \$ \_\_\_\_\_ Ending \$ \_\_\_\_\_

Job Duties / Equipment Used \_\_\_\_\_

Did you supervise others? ☐ Yes – How Many? \_\_\_\_\_ ☐ No

Reason for leaving? \_\_\_\_\_

May we contact this employer?

☐ Yes ☐ No

## LICENSE INFORMATION

List all applicable license information, including drivers license and commercial driver's license, certificate or other authorization to practice a trade or profession:

Type	License Number	Expiration Date	Granted by (Licensing Board)
<input type="checkbox"/> Driver's License <input type="checkbox"/> CDL			

Use this space for other education, certifications, training, special achievements, or specialized skills relevant to the position for which you are applying: \_\_\_\_\_

## MISCELLANEOUS

Expected rate of pay? \$ \_\_\_\_\_ What date would you be available to begin employment? \_\_\_\_\_

Which shift(s) will you accept? ☐ Day ☐ Evening ☐ Nights ☐ Rotating ☐ Weekends

Would you accept ☐ Full-time ☐ Part-time If part-time, specify days and hours: \_\_\_\_\_

Have you ever been employed by BPLS? If yes, ☐ Yes ☐ No If yes, in what capacity? \_\_\_\_\_

dates you were employed with BPLS: From: \_\_\_\_\_ To: \_\_\_\_\_

Do you currently have any relatives employed by BPLS? If yes, ☐ Yes ☐ No

please give name and relationship: \_\_\_\_\_

How did you learn about this employment opportunity? \_\_\_\_\_

Have you ever been convicted for any violation(s) of law, including moving traffic violations?

(Do not include convictions which were adjudicated in Juvenile Court) ☐ Yes ☐ No

If YES, please provide description of offense and date of conviction. \_\_\_\_\_

*Under the Immigration Reform and Control Act of 1986, you will be required to verify your identity and certify that you are eligible to be employed. Further, you will be required to provide documentation to that effect should you be employed.*

For purposes of compliance with the *Immigration Reform and Control Act*, are you legally eligible for employment in the United States? ☐ Yes ☐ No

## REFERENCES

Please list three professional references that are familiar with your qualifications. Do not include relatives.

	Name and Occupation	Company	Relationship	Contact Information: Phone Number or Email
1.				
2.				
3.				

## CERTIFICATION AND SIGNATURE OF APPLICANT

I hereby certify that all entries on this application for employment are true and complete. I agree and understand that any falsification or information herein, regardless of time of discovery, may be considered sufficient cause for dismissal. I understand that all information on this application is subject to verification. I understand employment is contingent on a successful background check, drug test, and acceptable driving record (if required by position). I hereby authorize Bedford County to obtain my criminal history and driving records now and at any time during the course of my employment as the County may deem necessary. I also consent to reference, former employers, and/or educational institutions being contacted regarding this application. I authorize Bedford County to rely upon and use, as it sees fit, any information received from such contacts. I understand the County may be required to provide information concerning my application for employment and my employment history to other agencies for use in any employment-related investigation or inquiry.

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



***Background Investigation Bureau***  
***Background Screening Consent Form***  
Bedford County Department of Human Resources

**Please Print**

Applicant's Legal  
Name

\_\_\_\_\_  
Last First MI Maiden

Social Security  
Number

\_\_\_\_ - \_\_\_\_ - \_\_\_\_

Date of Birth

\_\_\_\_ / \_\_\_\_ / \_\_\_\_

Driver's License  
Number

\_\_\_\_\_

State Issued

\_\_\_\_\_

Gender

\_\_\_\_\_

Race

\_\_\_\_\_

Phone Number

\_\_\_\_\_

Email  
Address

\_\_\_\_\_

Applicant's Address

\_\_\_\_\_

City

\_\_\_\_\_

State

\_\_\_\_\_

Zip

\_\_\_\_\_

Position applied for:

\_\_\_\_\_

**Purpose of Request: Employment**

***Please sign the Authorization and Acknowledgment on the next page***



## Authorization and Acknowledgment for Release of Information

In connection with my application for employment, subsequent employment, or volunteering with the County of Bedford, Virginia, I hereby authorize and give consent to the County to obtain information regarding my criminal history from Bedford County's reporting agency of choice, the Virginia State Police, or other law enforcement agency. I understand this includes the following information:

- Local & National Criminal background records/information
- All 50 State Sex Offender Registries
- Full Address Trace
- Social Security Verification
- Motor Vehicle Record

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION, "A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT", "ADDITIONAL STATE LAW NOTICES" and certify that I have read and understand those documents. I hereby authorize Background Investigation Bureau to obtain "consumer reports" and/or "investigative consumer reports" about me at any time after receipt of this authorization and, if I am hired, throughout my employment. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, military branch, institution, school or university (public or private), information service bureau, past or present employer or supervisor, private business, insurance company or personal reference, and/or other persons to furnish any and all background information requested by BIB, additional third-party organizations acting on behalf of the Company, and/or the Company itself. I agree that a facsimile ("fax") or photographic copy or digital copy of this Authorization shall be as valid as the original.

I the undersigned, authorize this information to be obtained either in writing or via telephone in connection with my application. Any person, firm or organization providing information or records in accordance with this authorization is released from any and all claims of liability for compliance. Such information will be held in confidence in accordance with the organization's guidelines.

A criminal report may be obtained at any time after receipt of authorization and, if approved, throughout the length of employment or volunteering.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

- ☐ Please check this box if you are a **Minnesota or Oklahoma** applicant or employee and would like to receive a copy of a consumer report if one is obtained by the Company.
- ☐ Please check this box if you are a **California** applicant or employee and you would like to receive a copy of an investigative consumer report or consumer credit report if one is obtained by the Company at no charge whenever you have a right to receive such a copy under California law. By signing above, you also acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW

## ADDITIONAL STATE LAW NOTICES

If you live in, work in, or are seeking work for Employer (“the Company”) in Massachusetts, Minnesota, New Jersey, New York, or Washington State, please note:

**MASSACHUSETTS APPLICANTS/EMPLOYEES:** You have the right to inspect and promptly receive a copy of any investigative consumer report requested by the Company by contacting the consumer reporting agency, Background Investigation Bureau, LLC, (“BIB”), 9710 Northcross Center Court, Huntersville, NC 28078, (877) 439-3900.

**MINNESOTA APPLICANTS/EMPLOYEES:** You have the right, upon written request, to receive a complete and accurate disclosure of the nature and scope of any consumer report by contacting the consumer reporting agency, Background Investigation Bureau, LLC, (“BIB”), 9710 Northcross Center Court, Huntersville, NC 28078, (877) 439-3900. The consumer reporting agency must make this disclosure within five days of receipt of your request or of Company’s request for the report, whichever is later.

**NEW JERSEY APPLICANTS/EMPLOYEES:** You have the right to inspect and promptly receive a copy of any investigative consumer report requested by the Company by contacting the consumer reporting agency, Background Investigation Bureau, LLC, (“BIB”), 9710 Northcross Center Court, Huntersville, NC 28078, (877) 439-3900.

**NEW YORK APPLICANTS/EMPLOYEES:** You have the right, upon request, to be informed of whether or not a consumer report was requested from a consumer reporting agency by contacting the consumer reporting agency, Background Investigation Bureau, LLC, (“BIB”), 9710 Northcross Center Court, Huntersville, NC 28078, (877) 439-3900. If a consumer report is requested, you will be provided with the name and address of the consumer reporting agency furnishing the report. You may inspect and receive a copy of the report by contacting BIB with the contact information above.

**WASHINGTON STATE APPLICANTS/EMPLOYEES:** If Company requests an investigative consumer report from a consumer reporting agency, you have the right to receive a complete and accurate disclosure of the nature and scope of the investigation requested by Company. You also have the right to request from the consumer reporting agency, Background Investigation Bureau, LLC, (“BIB”), 9710 Northcross Center Court, Huntersville, NC 28078, (877) 439-3900, a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

<p style="text-align: center;"><b>NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW</b></p>
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Background Investigation Bureau intends to obtain information about you from an investigative consumer reporting agency and/or a consumer credit reporting agency for employment purposes. Thus, you can expect to be the subject of “investigative consumer reports” and “consumer credit reports” obtained for employment purposes. Such reports may include information about your character, general reputation, personal characteristics and mode of living. With respect to any investigative consumer report from an investigative consumer reporting agency (“ICRA”), the Company may investigate the information contained in your employment application and other background information about you, including but not limited to obtaining a criminal record report, verifying references, work history, your educational achievements, licensure, and certifications, your driving record, and other information about you, and interviewing people who are knowledgeable about you. The results of this report may be used as a factor in making employment decisions. The source of any investigative consumer report (as that term is defined under California law) will be Background Investigation Bureau, LLC, (“BIB”), 9710 Northcross Center Court, Huntersville, NC 28078, (877) 439-3900. The source of any credit report will be Background Investigation Bureau, LLC, (“BIB”), 9710 Northcross Center Court, Huntersville, NC 28078, (877) 439-3900. The BIB privacy policy may be found at [www.BIB.com](http://www.BIB.com)

The Company agrees to provide you with a copy of an investigative consumer report when required to do so under California law.

Under California Civil Code section 1786.22, you are entitled to find out from an ICRA what is in the ICRA’s file on you with proper identification, as follows:

- In person, by visual inspection of your file during normal business hours and on reasonable notice. You also may request a copy of the information in person. The ICRA may not charge you more than the actual copying costs for providing you with a copy of your file.
- A summary of all information contained in the ICRA’s file on you that is required to be provided by the California Civil Code will be provided to you via telephone, if you have made a written request, with proper identification, for telephone disclosure, and the toll charge, if any, for the telephone call is prepaid by or charged directly to you.
- By requesting a copy be sent to a specified addressee by certified mail. ICRA’s complying with requests for certified mailings shall not be liable for disclosures to third parties caused by mishandling of mail after such mailings leave the ICRA’s.

“Proper Identification” includes documents such as a valid driver’s license, social security account number, military identification card, and credit cards. Only if you cannot identify yourself with such information may the ICRA require additional information concerning your employment and personal or family history in order to verify your identity.

The ICRA will provide trained personnel to explain any information furnished to you and will provide a written explanation of any coded information contained in files maintained on you. This written explanation will be provided whenever a file is provided to you for visual inspection.

You may be accompanied by one other person of your choosing, who must furnish reasonable identification. An ICRA may require you to furnish a written statement granting permission to the ICRA to discuss your file in such person’s presence.



## **DISCLOSURE REGARDING BACKGROUND INVESTIGATION**

Background Investigation Bureau may obtain information about you from a consumer reporting agency for employment purposes. Thus, you may be the subject of a “consumer report” and/or an “investigative consumer report” which may include information about your character, general reputation, personal characteristics, and/or mode of living and which can involve personal interviews with sources such as your neighbors, friends or associates. These reports may contain information regarding your criminal history, credit history, motor vehicle records (“driving records”), and verification of your education or employment history or other background checks. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for employment is an investigation into your employment history conducted by Background Investigation Bureau, LLC, (“BIB”), 9710 Northcross Center Court, Huntersville, NC 28078, (877) 439-3900. You should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.