

REFORM PUBLIC LIBRARY

JOB ANNOUNCEMENT

(Full-Time- 32-hours/week Non-Exempt-Benefits)

Hourly Rate: \$11.00/hour

Summary Library Director

Responsible for developing and supporting all efforts necessary to maintain a public library which is responsive to the community's needs for information, education, and recreation. Working closely with the Board of Trustees, the Library Director assists in developing/updating library policies, monitors library services, develops library programs, develops and manages the budget, supervises other staff and volunteers, oversees the physical plant, and stays informed of developments in library management. In addition, the Library Director serves as the financial officer for the Board of Trustees. Reform Public Library is a small, rural library serving a community of about 1,625 citizens. The library houses approximately 17,950 material items, currently has 4 public access computers, and has an annual budget approximately of \$50,000 (including the director's salary and benefits).

Core Responsibilities

Manage library services, overseeing staff, coordinating with patrons and working to improve library facilities. Setting up community events and acting in a public relations role. Prepare budgets and negotiate contracts for services and equipment. Opening and closing the library, sorting mail, hiring employees, and implementing the library's program and policies.

Knowledge, Skills, and Abilities

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- Thorough knowledge of the principles and practices of public library functions.
 - Thorough knowledge of the principles and practices of public administration as applied to a public library.
 - Thorough ability in oral and written communications.
 - Thorough ability to administer the activities of a public library and to supervise the work of others.
 - Thorough ability to make decisions in an environment of limited resources and competing claims.
 - Thorough ability to establish and maintain effective working relationships with superiors, subordinates, associates, officials of other agencies, and the general public

Education and Experience:

Candidates for the position of Librarian Director should have a minimum of a Bachelor's degree from an accredited university preferably in a library related field with experience in a public library environment. He / she should also have experience in progressively responsible administrative positions.

Candidates should also possess a working knowledge of automated circulation software such as Atrium by Book Systems; office production software such as Microsoft Office including Word, Publisher, Excel, etc.; and financial software such as Quicken or QuickBooks.

There is a one year probationary period from the date of hire after which permanent employment will be accessed.

TO APPLY Application forms are available at the Reform City Hall, 104 3rd AVE SE, Reform, AL

35481 (Physical

Address) and online at <https://www.pickenslibrary.com/reform.html>

Submit an application and resume no later than 4:00 p.m. 5 July 2025.

US Mail/Delivery: ATT: Human Resources, 104 3rd AVE SE, Reform AL 35481

Email (PDF Only Documents or scanned): reformlib301@gmail.com

****Note: A Background Check will be required upon selection of interview) ****

Instructions for Employment Application

1. Use a black ink pen
2. Complete in your own handwriting
3. List your home addresses since your 18th birthday
4. List all employers since your 19th birthday. Explain if there are any periods when you were not employed
5. Be truthful and explain answers when necessary
6. Answer or respond to all questions or sections on the application
7. Do not use people that are kin to you whether by blood or marriage, for personal reference.
8. Include with your application a copy of birth certificate, high school diploma or GED certificate, social security card, drivers license and discharge papers from military service

APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

(PLEASE PRINT)

Position Applied For _____ Date of Application _____

Last Name _____ First Name _____ Middle Name _____

Address _____ Number _____ Street _____ City _____ State _____ Zip _____

Home _____ Cell _____ Telephone Numbers _____ Social Security Number _____

Have you ever filed an application with us before? _____yes _____no

If yes, give date _____

Have you ever been employed with us before? _____yes _____no

If yes, give date _____

Are you currently employed _____yes _____no

May we contact your present employer? _____yes _____no

On what date would you be available for work? _____

Are you currently on "lay-off" status and subject to recall _____yes _____no

Can you travel if a job requires it? _____yes _____no

Are you a United States citizen? _____yes _____no

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

EDUCATION

Name & Address Of School	Course of Study	Years Completed Degree	Diploma
Elementary School			
High School			
Undergraduate College			
Graduate Professional			
Other (Specify)			

Indicate any foreign languages you can speak, read and/or write.

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

Describe any job-related training received in the United States military.

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities.

1. _____		
Employer	Date Started	Date Ended
Address		
Telephone Number	Starting Salary	Ending Salary
Job Title	Supervisor	
Work Performed		
Reason for Leaving		

2. _____		
Employer	Date Started	Date Ended
Address		
Telephone Number	Starting Salary	Ending Salary
Job Title	Supervisor	
Work Performed		
Reason for Leaving		

3. _____		
Employer	Date Started	Date Ended
Address		
Telephone Number	Starting Salary	Ending Salary
Job Title	Supervisor	
Work Performed		
Reason for Leaving		

4. _____		
Employer	Date Started	Date Ended
Address		
Telephone Number	Starting Salary	Ending Salary
Job Title	Supervisor	
Work Performed		
Reason for Leaving		

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

ADDITIONAL INFORMATION

List professional, trade, business or civic activities and offices held:

Other Qualifications Summarize special job-related skills and qualifications acquired from employment or other experience.

Specialized Skills Check Skills/Equipment Operated

☐ CRT	☐ Fax	☐ Production	☐ Mobile (list)	☐
☐ PC	☐ Lotus 1-2-3	☐ Machinery (list)	☐	☐
☐ Calculator	☐ PBX System	☐	☐	☐
☐ Typewriter	☐ Word Perfect	☐	☐	☐

State any additional information you feel may be helpful to us in considering your application.

References:

1.
Name Phone Number

Address

2.
Name Phone Number

Address

3.
Name Phone Number

Address

4.
Name Phone Number

Address

5.
Name Phone Number

Address

RELEASE OF LIABILITY

I do hereby grant permission for the City of Reform, its agents, officers or employee's to obtain any information pertaining to me, including, but not limited to, employment records, military records, criminal records and any other information available of a personal or public nature. This information will be used to determine my fitness for employment with the City of Reform.

I do also hereby agree to hold harmless from any and all liability any agent, employee, or officer of the City of Reform who gathers this information.

I also hereby agree to hold harmless from any and all liability any person, firm, company, corporation or organization that supplies information or records to the City of Reform.

Further, I request any person, firm, company, corporation or organization having any information public or private pertaining to me to release this information verbally or in writing to the City of Reform, it's agent or employee's.

The above release from liability is binding on all my family, executors or heirs, now or in the future.

Date _____

Signature _____

Print Name _____

FOR PERSONNEL DEPARTMENT USE ONLY

Position(s) Applied For is Open: _____ Yes _____ No

Position(s) Considered For: _____

Date: _____

Notes:

Employed: _____ Yes _____ No

Date of Employment: _____

Job Title: _____

Hourly Rate/Salary: _____

Department: _____

Notes: