



WARREN COUNTY PUBLIC LIBRARY
 1225 STATE STREET
 BOWLING GREEN, KY 42101

Phone: 270.781.4882
 Fax: 270.781.7323
 Web address: www.warrenpl.org

APPLICATION FOR EMPLOYMENT

Please use ink pen to complete application.

PERSONAL	Last Name			First	Middle	Date	
	Street Address				Home Phone ()		
	City, State, Zip				Cell Phone ()		
	Have you applied for employment with us in the past? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes: month and year				Business Phone ()		
	Position desired			Librarian	Library associate	Shelver	Children's Services
	Other: _____						Pay Expected
	Are you interested in Full-time work? _____ Part-time work? _____					Can you work overtime if needed?	
	Can you work evenings and weekends?						
	If Part-time, what days and hours are you available?					What date can you begin work?	
	Are you legally eligible to work in the United States? <input type="checkbox"/> YES <input type="checkbox"/> NO						
Are you at least 18 years of age? (If not yet 18, proof of age will be required) <input type="checkbox"/> YES <input type="checkbox"/> NO							
Have you ever been convicted of a felony? <input type="checkbox"/> YES <input type="checkbox"/> NO				(If yes, give date of conviction and explain the nature of the offense.)			
Please list any friends working for us.				Please list any relatives working for us.			

EDUCATION	School	Name & Location of School	Course of Study	No. of Years Completed	Did You Graduate?	Degree/Diploma
	High School/ GED				<input type="checkbox"/> YES <input type="checkbox"/> NO	
	Business/Trade Technical				<input type="checkbox"/> YES <input type="checkbox"/> NO	
	College or University				<input type="checkbox"/> YES <input type="checkbox"/> NO	
	Graduate School				<input type="checkbox"/> YES <input type="checkbox"/> NO	

Please provide accurate, complete record of employment. Begin with your current or most recent employer.

E M P L O Y M E N T

COMPANY NAME	TELEPHONE ()
ADDRESS	DATES OF EMPLOYMENT FROM TO
NAME OF SUPERVISOR	RATE OF PAY STARTING ENDING
STATE JOB TITLE AND DESCRIBE YOUR RESPONSIBILITIES _____ _____	
REASON FOR LEAVING	MAY WE CONTACT THIS EMPLOYER? YES _____ NO _____

COMPANY NAME	TELEPHONE ()
ADDRESS	DATES OF EMPLOYMENT FROM TO
NAME OF SUPERVISOR	RATE OF PAY STARTING ENDING
STATE JOB TITLE AND DESCRIBE YOUR RESPONSIBILITIES _____ _____	
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ADDRESS	DATES OF EMPLOYMENT FROM TO
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REASON FOR LEAVING	MAY WE CONTACT THIS EMPLOYER? YES _____ NO _____

TRAINING & SKILLS

PLEASE LIST COMPUTER SOFTWARE PROGRAMS WITH WHICH YOU ARE FAMILIAR:

PLEASE LIST OTHER SPECIAL TRAINING OR SKILLS

MEMBERSHIP IN PROFESSIONAL OR CIVIC ORGANIZATIONS

(Please exclude any membership that would indicate age, sex, race, religion, national origin, disability, political affiliation, sexual orientation or other protected status.)

MILITARY SERVICE

Have you served in the U.S. Armed Forces?

YES

NO

If yes, give dates and branch of service.

Describe any training received relevant to the position for which you are applying.

REFERENCES

PLEASE LIST THREE REFERENCES WITH CONTACT INFORMATION, PLEASE DO NOT LIST RELATIVES.

NAME: _____ PHONE: _____

ADDRESS: _____

RELATIONSHIP: _____

NAME: _____ PHONE: _____

ADDRESS: _____

RELATIONSHIP: _____

NAME: _____ PHONE: _____

ADDRESS: _____

RELATIONSHIP: _____

Signature (Please read carefully)

The information provided in this Application for Employment is true, correct and complete to the best of my knowledge. If employed, I understand that any false or misleading information given in my application or interview(s), may result in my dismissal. I also understand that I am required to abide by all rules and regulations of the employer.

I authorize investigation of all statements contained in this application as may be necessary in arriving at an employment decision. I release from liability all persons and/or organizations supplying information in response to inquiries in connection with my application for employment. I understand information concerning my employment history, education background and/or criminal record may be verified.

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 an authorized executive of this organization specifically acknowledges such change in writing.

PLEASE SIGN BELOW

SIGNATURE

DATE

RETURN TO:

WARREN COUNTY PUBLIC LIBRARY
1225 STATE STREET
BOWLING GREEN, KY 42101
ATTN: HUMAN RESOURCES

APPLICATIONS ARE KEPT ON FILE FOR SIX MONTHS