



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

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

STUDENT EMPLOYMENT APPLICATION

PERSONAL INFORMATION

LAST NAME	FIRST NAME	M.I.	SOCIAL SECURITY NUMBER
MAJOR(S) & EXPECTED GRADUATION DATE		STUDENT STATUS: <input type="checkbox"/> FRESHMAN <input type="checkbox"/> SOPHOMORE <input type="checkbox"/> JUNIOR <input type="checkbox"/> SENIOR	
		<input type="checkbox"/> GRADUATE WKU ID#	
E-MAIL ADDRESS:			

HOME ADDRESS			CAMPUS / LOCAL ADDRESS		
STREET			STREET		
CITY	STATE	ZIP	CITY	STATE	ZIP
PHONE () -			PHONE () -		

EMPLOYMENT INFORMATION

ARE YOU A U.S. CITIZEN? (IF YES, VERIFICATION WILL BE REQUIRED) <input type="checkbox"/> YES <input type="checkbox"/> NO	WE CONSIDER APPLICANTS FOR ALL POSITIONS WITHOUT REGARD TO RACE, RELIGION, SEX, NATIONALITY, AGE, MARITAL OR VETERAN STATUS, THE PRESENCE OF A NON-JOB RELATED MEDICAL CONDITION OR HANDICAP, OR OTHER LEGALLY PROTECTED STATUS.
HAVE YOU APPLIED FOR A WORK-STUDY PROGRAM? <input type="checkbox"/> YES <input type="checkbox"/> NO	ARE YOU APPROVED FOR A WORK-STUDY PROGRAM? <input type="checkbox"/> YES <input type="checkbox"/> NO
WHICH POSITION(S) ARE YOU APPLYING FOR?	HOW MANY HOURS PER WEEK ARE YOU AVAILABLE FOR WORK?

PLEASE INDICATE THE HOURS THAT YOU ARE AVAILABLE FOR WORK EACH DAY
 PLEASE ATTACH A COPY OF YOUR CLASS SCHEDULE.

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY

SPECIAL JOB SKILLS

PLEASE DESCRIBE	
<input type="checkbox"/> TYPING	
<input type="checkbox"/> COMPUTING	
<input type="checkbox"/> LANGUAGES	
<input type="checkbox"/> OTHER	

WORK RELATED EXPERIENCE / VOLUNTEER WORK

EMPLOYER NAME AND ADDRESS	JOB TITLE AND RESPONSIBILITIES	DATES EMPLOYED
		FROM:
		TO:
		NUMBER OF HOURS WORKED PER WEEK:
REASON FOR LEAVING:		

EMPLOYER NAME AND ADDRESS	JOB TITLE AND RESPONSIBILITIES	DATES EMPLOYED
		FROM:
		TO:
		NUMBER OF HOURS WORKED PER WEEK:
REASON FOR LEAVING:		

EMPLOYER NAME AND ADDRESS	JOB TITLE AND RESPONSIBILITIES	DATES EMPLOYED
		FROM:
		TO:
		NUMBER OF HOURS WORKED PER WEEK:
REASON FOR LEAVING:		

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