



1225 State St., Bowling Green, KY 42101

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

## STUDENT EMPLOYMENT APPLICATION

(Note: Applications will remain active for one semester)

**\*Please attach a copy of your class schedule.**

### PERSONAL INFORMATION

Last Name	First Name	M.I.	Student ID:	Date:
Name of School:			Student Status:	
Major(s) & Expected Graduation Date:			Freshman	Sophomore
			Junior	Senior
			Graduate	
Phone Number:			E-mail Address:	

Permanent Address			Local Address		
Street			Street		
City	State	Zip Code	City	State	Zip Code

### EMPLOYMENT INFORMATION

Are you legally eligible to work in the United States? Yes                      No	Are you at least 18 years of age?                      Yes                      No <small>If not yet 18, proof of age will be required)</small>
Have you applied for a work-study program? Yes                      No	Are you approved for a work-study program? Yes                      No
Which position(s) are you applying for?	How many hours per week are you available for work?
Please list any relatives working for us.	

Please indicate the times that you are available for work each day.  
**PLEASE ATTACH A COPY OF YOUR CLASS SCHEDULE**

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

*Warren County Public Library is an Equal Opportunity Employer*

**WORK RELATED EXPERIENCE / VOLUNTEER WORK**

Company Name	Phone Number:
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	Phone Number:
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	Phone Number:
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

## 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 understand information concerning my employment history, education background and/or criminal record may be verified. I authorize investigation of all statements contained in this application as may be necessary in arriving at an employment decision.

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 the 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.

By my e-signature below, I understand that electronic signatures are legally binding and have the same meaning as handwritten signatures.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date