



**WARREN
COUNTY
PUBLIC
LIBRARY**

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

(Note: Applications are kept on file for 90 days)

P E R S O N A L	Last Name			First	Middle	Date
	Street Address				Home Phone ()	
	City, State, Zip Code				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:				Pay Expected:	
	Are you interested in Full or Part Time work? <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time Preferred Work Location (Select all that apply) <input type="checkbox"/> Main Library <input type="checkbox"/> Bob Kirby Branch <input type="checkbox"/> Smiths Grove Branch				Can you work overtime if needed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	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? <input type="checkbox"/> Yes <input type="checkbox"/> No (If not yet 18, proof of age will be required)					
	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.			

E D U C A T I O N	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	

An Equal Opportunity Employer

EMPLOYMENT

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

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? <input type="checkbox"/> Yes <input type="checkbox"/> 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. _____ _____	
Reason for leaving:	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> 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. _____ _____	
Reason for leaving:	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No

TRAINING & SKILLS

Please list computer software programs with which you are familiar:

Please list related work experience. Include certifications, seminars, workshops, special achievements, and skills (documentation may be requested):

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.

Signature

Date