

Grayson County Public Library 163 Carroll Gibson Blvd. Leitchfield, KY 42754

Employment Application

Please answer all questions and information requests **completely**. The use of this application does not create a contract between you and the Library, does not indicate that there are positions open, and does not in any way obligate you or the Library.

			C	Date/	/
PLEASE PRINT IN INK	OR TYPE				
Name					
(Last)		(First)	(Middle)		
Address(Street Numb	er and Name)	(City)	(State)	(Zip Code)	
Phone					
(Hor	ne)	(Work	x)	(Cell)	
Position for which you	are applying		[]	Full-time 🛛 Part-tin	ne
Your salary requireme	nt \$	🛛 hourly rate	\$	annual salary	
Availability					
Days	regularly	sometimes	🛛 never		
Evenings	regularly	sometimes	🛛 never		
Weekends	regularly	sometimes	🛛 never		
What date are	e you available to beg	in employment?	//		
Are you legally eligible	for employment in t	he United States?	yes 🛛 no		
-	-	the last 7 years?	-		
lf yes, state date, plac	e, and nature of each	conviction			
contained on this appl	ication yes	me(s) that the Library no If yes, give name(s) and identify the r		rmation
Have you ever been er	nployed by this Libra	ry? 🛛 yes 🗌 no	If yes, please com	nplete:	
Position title			Dates	to	
Does the Library now (employ any of your re	latives? 🛛 yes	☐ no If yes, p	lease complete:	
Name(s)		Dept	Rel	ationship	

EMPLOYMENT RECORD

List your current or most recent employer first and indicate a continuous record of employment for the last five employers or from the time you left school. May we contact your employers for a reference?

\square yes \square no If not, indicate which ones you do not wish us to contact. _

Employer		Address		Phone		
	Charding Cala		Ending on Original Colomic		Norma of Commission	_
Employed (Month/Year)	(Month/Year) Starting Salary		Ending or Current Salary		Name of Supervisor	
From / To /						
Job Title and Duties		Reason for Leaving				
Employer		Address		Phone		
Employed (Month/Year)	Starting Sala	rv	Ending or Current Salary		Name of Supervisor	-
		- ,				
From / To /						
Job Title and Duties			Reason for Leaving			
Employer		Address		Phone		
Employed (Month/Year)	Starting Sala	ry	Ending or Current Salary		Name of Supervisor	_
	_	-				
From / To /						
Job Title and Duties			Reason for Leaving			
				ī		
Employer		Address		Phone		
Employed (Month/Year)	Starting Sala	ry	Ending or Current Salary		Name of Supervisor	
From / To /						
Job Title and Duties		Reason for Leaving				
			l			
Employer		Address		Phone		
Employed (Month/Year)	Starting Sala	ry	Ending or Current Salary	1	Name of Supervisor	1
From / To /						-
Job Title and Duties		Reason for Leaving				
						1

EDUCATION

Circle highest grade completed	1 2 3 4 5 6 7 8	9 10 11 12	1234	1234	
	Grade School	High School	College	Graduate School	

List all schools attended: high school, technical/vocational school, college, business, military, etc. Use another sheet if necessary.

School	Did you graduate?	Certification or degree received	Major/Minor Subjects			
Name Street Address City, State, Zip	Yes No					
Name Street Address City, State, Zip	🛛 Yes					
Name Street Address City, State, Zip	0 Yes					
If you did not graduate from high school, do you have a GED certificate? Do you have a valid Kentucky driver's license? SPECIALIZED TRAINING SKILLS List all current licenses and/or areas of certification (if not listed above):						
List all equipment (office, trade, or laboratory) that you operate proficiently:						
List any other training, skills, aptitudes, and qualifications that you feel are relevant to the type of employment you are seeking at the Library:						
List any volunteer library experience; civic or social organizations and offices held; and any other related experience. (Exclude organizations, the nature of which, indicates the creed, national origin, race, age, gender, or disability of its members.)						

READ CAREFULLY BEFORE SIGNING

I certify that the information given by me in this application is true and complete. I understand and agree that any false information, misrepresentation, or concealment of the fact is sufficient grounds for either my immediate discharge without recourse or refusal of employment by the Grayson County Public Library.

I agree that if I am employed by the Grayson County Public Library my employment may be terminated at any time without liability except such wages as may have been earned at the date of my termination. I further understand and acknowledge that this is an application for employment, that no employment contract is being offered and that if I am employed such employment is for an indefinite period of time and that the Library can change wages, benefits, and conditions at any time.

I understand and agree that all information furnished in this application may be verified by the Library. I also understand that any employment is subject to a satisfactory check of references and a Police Department background check. I hereby authorize all individuals and organizations named or referred to in this application and any law enforcement organization to give the Library all information relative to my employment, work habits, and character and hereby release such individuals, organizations, and the Library from any liability for any claim or damage that may result.

Signature ____

_____ Date _____

REFERENCES

Please provide at least three references. You may provide additional references if you like. Please do not use relatives as references. Give **<u>complete</u>** information, including mailing addresses.

Name	Address	Phone	Years known	Relationship
				Personal
				Educational
				Difference Professional
Name	Address	Phone	Years known	Relationship
				Dersonal
				Educational
				Difference Professional
Name	Address	Phone	Years known	Relationship
				Personal
				Educational
				Difference Professional
Name	Address	Phone	Years known	Relationship
				Dersonal
				 Educational
				Professional
Name	Address	Phone	Years known	Relationship
				Personal
				Educational
				Difference Professional