

NAME: _____
Last First M.I.

ADDRESS: _____ Are you 18 or older? Yes No

_____ City State Zip **Home Phone:** _____

EMAIL: _____ **Cell Phone:** _____

- Are you legally eligible to work in the United States? Yes No
- Have you ever been convicted of a felony? Yes No (If yes, please explain on attached sheet.)
- Are you related to a current employee of the library? Yes No (If yes, please state relationship _____)
- Have you applied for a position with us in the past? Yes No (If yes, month and year: _____)

POSITION APPLYING FOR: _____

Pay Expected: _____ Date Available: _____	HOURS: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Day <input type="checkbox"/> Night <input type="checkbox"/> Weekend <input type="checkbox"/> Any	DAYS: <input type="checkbox"/> Monday <input type="checkbox"/> Thursday <input type="checkbox"/> Tuesday <input type="checkbox"/> Friday <input type="checkbox"/> Wednesday <input type="checkbox"/> Saturday
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EDUCATION

	Name of Institution	Did you graduate?	Degree/Diploma received	Years Completed
High School / GED		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Business / Trade / Technical School		<input type="checkbox"/> Yes <input type="checkbox"/> No		
College / University		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Graduate School		<input type="checkbox"/> Yes <input type="checkbox"/> No		

Please list related work experience. Include certifications, seminars, workshops, special achievements and skills:

WORK HISTORY

List last three employers starting with most recent.

Employer: _____ Dates: _____

Position/Duties: _____ Reason for Leaving: _____

Supervisor: _____ Telephone: _____

May we contact this employer? Yes No

Employer: _____ Dates: _____

Position/Duties: _____ Reason for Leaving: _____

Supervisor: _____ Telephone: _____

May we contact this employer? Yes No

Employer: _____ Dates: _____

Position/Duties: _____ Reason for Leaving: _____

Supervisor: _____ Telephone: _____

May we contact this employer? Yes No

REFERENCES

Please list three professional references not related to you.

Name	Relationship	Phone Number

By signing below:

I certify that the statements made by me on this application are true, complete, and correct to the best of my knowledge and are made in good faith.

Hardin County Public Library is an equal opportunity employer and affords equal opportunity to all applicants for all positions without regard to race, color, religion, gender, national origin, age, disability, veteran status or any other status protected under local, state or federal laws.

In the event of employment, I understand that false or misleading information given on my application or interview may result in discharge.

I authorize the Hardin County Public Library to contact employers and references listed above.

Signature _____ Date _____

Applications and resumes may be emailed to hcpljobs01@gmail.com, mailed or dropped off at the main library.