

NAME: _____
Last First M.I.

ADDRESS: _____

City State Zip

Are you 18 or older? Yes No

PHONE: () _____

EMAIL: _____

- 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: _____

<p>LOCATION:</p> <p><input type="checkbox"/> Main Library (Elizabethtown)</p> <p><input type="checkbox"/> North Branch (Radcliff)</p> <p>SALARY REQUIRED: _____</p> <p>DATE AVAILABLE: _____</p>	<p>HOURS:</p> <p><input type="checkbox"/> Full Time <input type="checkbox"/> Part Time</p> <p><input type="checkbox"/> Day <input type="checkbox"/> Night</p> <p><input type="checkbox"/> Weekend <input type="checkbox"/> Any</p>	<p>DAYS:</p> <p><input type="checkbox"/> Monday <input type="checkbox"/> Thursday</p> <p><input type="checkbox"/> Tuesday <input type="checkbox"/> Friday</p> <p><input type="checkbox"/> Wednesday <input type="checkbox"/> Saturday</p>
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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		

Related training, skills, or experience (specialized education, certificates, etc.) _____

WORK HISTORY

List last three employers starting with most recent.

Employer: _____ Dates: _____

Position/Duties: _____ Reason for Leaving: _____

Supervisor: _____ Telephone: _____

Employer: _____ Dates: _____

Position/Duties: _____ Reason for Leaving: _____

Supervisor: _____ Telephone: _____

Employer: _____ Dates: _____

Position/Duties: _____ Reason for Leaving: _____

Supervisor: _____ Telephone: _____

REFERENCES

Work references preferred

Name	Relationship	Contact

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