



Application for Employment

Revised 1 Jul 10

Laurel 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.

_____ Date

Personal Information

Last Name _____	First _____	Middle _____
Street Address _____		Phone _____
City, State, Zip _____		Email _____
Are you legally eligible to work in the United States?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you 18 years of age or older?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Proof of age will be required if under 18 years of age.		
Have you ever been convicted of a felony?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please provide the date and explain the nature of each offense. _____		
Please list any relatives currently employed by the Library. _____		

Position Information

Position Desired: _____	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time					
Salary Required: _____	Date Available to Begin Work: _____						
Hours Available	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
From							
To							

Education

	Name and Location of Institution	Graduated	Degree/Diploma
High School/GED		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Business, Trade, or 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	

Employment History

List your last three places of employment; most recent first.

Company Name	From: _____ To: _____
Address	Dates of Employment
Supervisor	Phone
Position/Duties	Start: _____ End: _____
	Rate of Pay
	Reason for Leaving
Company Name	From: _____ To: _____
Address	Dates of Employment
Supervisor	Phone
Position/Duties	Start: _____ End: _____
	Rate of Pay
	Reason for Leaving
Company Name	From: _____ To: _____
Address	Dates of Employment
Supervisor	Phone
Position/Duties	Start: _____ End: _____
	Rate of Pay
	Reason for Leaving

Training/Skills

Please describe any specialized education, training, or job skills, including computer experience.

Professional/Academic References

Name	Phone	Relationship
Name	Phone	Relationship
Name	Phone	Relationship

The information provided on this application is true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. If employed, I understand that any false or misleading information given in my application or interview(s) may result in my dismissal.

I 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 such change is specifically acknowledged in writing by an authorized executive of this organization.

Signature _____ Date _____