

phone: (270)-259-5455

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www.graysoncpl.org

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.

Date \_\_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_

PLEASE PRINT IN INK OR TYPE

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Last) (First) (Middle)

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Street Number and Name) (City) (State) (Zip Code)

Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Home) (Work) (Cell)

Position for which you are applying \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Full-time Part-time

Your salary requirement $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ hourly rate $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ annual salary

Availability

Days regularly sometimes never

Evenings regularly sometimes never

Weekends regularly sometimes never

What date are you available to begin employment? \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Are you legally eligible for employment in the United States? yes no

Have you been convicted of a felony within the last 7 years? yes no

(Such conviction may be relevant if job related, but does not necessarily disqualify you from employment.)

If yes, state date, place, and nature of each conviction \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever been known by any other name(s) that the Library will need to know to verify any of the information contained on this application yes no If yes, give name(s) and identify the related

school, employer, etc. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever been employed by this Library? yes no If yes, please complete:

Position title\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dates \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does the Library **now** employ any of your relatives? yes no If yes, please complete:

Name(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dept. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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?**

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Employer | | Address | | Phone | |
| Employed (Month/Year)  From / To / | Starting Salary | | Ending or Current Salary | | Name of Supervisor |
| Job Title and Duties | | | Reason for Leaving | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Employer | | Address | | Phone | |
| Employed (Month/Year)  From / To / | Starting Salary | | Ending or Current Salary | | Name of Supervisor |
| Job Title and Duties | | | Reason for Leaving | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Employer | | Address | | Phone | |
| Employed (Month/Year)  From / To / | Starting Salary | | Ending or Current Salary | | Name of Supervisor |
| Job Title and Duties | | | Reason for Leaving | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
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|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Employer | | Address | | Phone | |
| Employed (Month/Year)  From / To / | Starting Salary | | Ending or Current Salary | | Name of Supervisor |
| Job Title and Duties | | | Reason for Leaving | | |

EDUCATION

Circle highest grade completed 1 2 3 4 5 6 7 8 9 10 11 12 1 2 3 4 1 2 3 4

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 Certification or Major/Minor

graduate? degree received Subjects

|  |  |  |  |
| --- | --- | --- | --- |
| Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Street  Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  City, State, Zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Yes  No |  |  |
| Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Street  Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  City, State, Zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Yes  No |  |  |
| Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Street  Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  City, State, Zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Yes  No |  |  |

If you did not graduate from high school, do you have a GED certificate? Yes No

Do you have a valid Kentucky driver’s license? Yes No

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 **complete** information, including mailing addresses.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name | Address | Phone | Years known | Relationship  Personal  Educational  Professional |
| Name | Address | Phone | Years known | Relationship  Personal  Educational  Professional |
| Name | Address | Phone | Years known | Relationship  Personal  Educational  Professional |
| Name | Address | Phone | Years known | Relationship  Personal  Educational  Professional |
| Name | Address | Phone | Years known | Relationship  Personal  Educational  Professional |