Gallatin County Public Library

209 West Market Street
Warsaw, Kentucky 41095
859-567-2786
www.gallatincountylibrary.org

Employment Application

Please answer all questions as completely as possible. 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. The Library does not discriminate in employment on the basis of race, color, sex, age, disability, religion, national origin, status as a disabled veteran, or because an individual is a smoker or nonsmoker, as long as such individual complies with any workplace policy concerning smoking.

Date _____ /_____ /_____

PLEASE PRINT IN INK OR TYPE

Name _____ **Social Security #** _____ / _____ / _____
(Last) (First)

Address _____
(Street) (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
Saturdays:	□ Regularly	□ Sometimes	□ Never

What date are you eligible to begin employment? _____ /_____ /_____

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

If you are less than 18 years of age, please give your date of birth _____ /_____ /_____

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 in 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:
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. If currently employed, may we contact your employer at this time for a reference? □ yes □ no

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
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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 school 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 _____ **Address** _____ _____	□ Yes □ No		
Name _____ **Address** _____ _____	□ Yes □ No		
Name _____ **Address** _____ _____	□ 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: _____
_____

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 Gallatin County Public Library.

I agree that if I am employed by the Gallatin 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 one educational, one professional, and one personal reference. You may provide additional references If you like.

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
Name	Address	Phone	Years known	Relationship
				□ Personal □ Educational □ Professional

TO BE COMPLETED BY INTERVIEWER

DATE OF INTERVIEW _____

REFERENCES CHECKED _____

INTERVIEWER REMARKS _____

_____

POSITION OFFERED _____

HIRED BY _____

START DATE _____

STARTING RATE/SALARY _____

RAISE/DATE _____