Gallatin County Public Library

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

Employment Application
(Student Workers)

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

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

Address _____
(Street) (City) (State) (Zip Code)

Phone _____ _____ _____
(Home) (Work) (Cell)

Availability

Preference for evenings after school:

□ Monday □ Tuesday □ Wednesday □ Thursday

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 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 _____

ABOUT YOURSELF

Extracurricular school activities / personal hobbies:

List extracurricular school activities in which you are involved: _____
_____
_____
_____

List any personal hobbies that are significant to you: _____
_____
_____
_____

List any facts about yourself that you believe may be relevant to Library work: _____
_____
_____
_____

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 school, church, or 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

TO BE COMPLETED BY INTERVIEWER

DATE OF INTERVIEW _____
REFERENCES CHECKED _____
INTERVIEWER REMARKS _____
_____
POSITION OFFERED _____
HIRED BY _____
START DATE _____
STARTING RATE/SALARY _____
RAISE/DATE _____