

# Gallatin County Public Library

209 West Market Street  
Warsaw, Kentucky 41095  
859-567-2786

[www.gallatincountylibrary.org](http://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 \_\_\_\_\_  
(Last) (First)

Social Security # \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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)		Starting Salary		Ending or Current Salary	
From / / To /					
Job Title and Duties			Reason for Leaving		

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

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



# 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 <input type="checkbox"/> Personal <input type="checkbox"/> Educational <input type="checkbox"/> Professional
Name	Address	Phone	Years known	Relationship <input type="checkbox"/> Personal <input type="checkbox"/> Educational <input type="checkbox"/> Professional
Name	Address	Phone	Years known	Relationship <input type="checkbox"/> Personal <input type="checkbox"/> Educational <input type="checkbox"/> Professional
Name	Address	Phone	Years known	Relationship <input type="checkbox"/> Personal <input type="checkbox"/> Educational <input type="checkbox"/> Professional
Name	Address	Phone	Years known	Relationship <input type="checkbox"/> Personal <input type="checkbox"/> Educational <input type="checkbox"/> Professional
Name	Address	Phone	Years known	Relationship <input type="checkbox"/> Personal <input type="checkbox"/> Educational <input type="checkbox"/> Professional

## TO BE COMPLETED BY INTERVIEWER

DATE OF INTERVIEW \_\_\_\_\_

REFERENCES CHECKED \_\_\_\_\_

INTERVIEWER REMARKS \_\_\_\_\_

POSITION OFFERED \_\_\_\_\_

HIRED BY \_\_\_\_\_

START DATE \_\_\_\_\_

STARTING RATE/SALARY \_\_\_\_\_

RAISE/DATE \_\_\_\_\_