



# SCOTT COUNTY PUBLIC LIBRARY



104 South Bradford Lane Georgetown, KY 40324 (502) 863-3566

## Employment Application

An Equal Opportunity Employer - All qualified applicants will receive consideration for employment without regard to race, color, religion, sex, national origin, disability status, protected veteran status, or any other characteristic protected by law.

### Applicant Information

Incomplete information could disqualify you from further consideration. Please complete all fields. (Please print)

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

E-mail Address \_\_\_\_\_

Home Phone # \_\_\_\_\_ Mobile Phone # \_\_\_\_\_

Are you a citizen of the United States? YES  NO  If no, are you authorized to work in the U.S.? YES  NO

Have you ever worked for Scott County Public Library? YES  NO  If yes, when? \_\_\_\_\_

Are you at least 18 years or older? YES  NO

Have you ever been convicted of a felony? YES  NO  If yes, explain: \_\_\_\_\_

### Position Information

The library is open 70 hours per week and includes evenings and weekends.

Date you can start work: \_\_\_\_\_

Position desired: \_\_\_\_\_

Are you available to work nights and weekends? YES  NO  Are applying for full-time or part-time? Full-Time  Part-Time

How did you hear about the job opening? \_\_\_\_\_

### Education

High School: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Diploma: \_\_\_\_\_

College: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

Other: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

Do you have any special skills, experience and/or training that would enhance your ability to perform the position applied for? If yes, explain. \_\_\_\_\_

Computer Skills (please describe): \_\_\_\_\_

## Employment History

Include your last seven (7) years of employment history, including periods of unemployment, starting with the most recent and working backwards in time. Incomplete information could disqualify you from further consideration. (Attach additional sheets as needed)

Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Job Title: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
Responsibilities: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
May we contact your previous supervisor for a reference? YES NO

Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Job Title: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
Responsibilities: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
May we contact your previous supervisor for a reference? YES NO

Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Job Title: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
Responsibilities: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
May we contact your previous supervisor for a reference? YES NO

## References

Please list three professional references.

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Company: \_\_\_\_\_ Phone: \_\_\_\_\_

### **Please read carefully before signing.**

I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for Scott County Public Library to hire me. If I am hired, I understand that either Scott County Public Library or I can terminate my employment at any time and for any reason, with or without cause and without prior notice. I understand that no representative of Scott County Public Library has the authority to make any assurance to the contrary.

I attest with my signature below that I have given to Scott County Public Library true and complete information on this application. No requested information has been concealed. I authorize Scott County Public Library to contact references provided for employment reference checks. If any information I have provided is untrue, or if I have concealed material information, I understand that this will constitute cause for the denial of employment or immediate dismissal.

Date \_\_\_\_\_ Signature \_\_\_\_\_

**THIS APPLICATION IS VALID ONLY FOR 60 DAYS FROM THE DATE SIGNED/DATED ABOVE.**