

Application for Employment APPLICANT INFORMATION

Date:					
Age (You must be 16 years of age or older to be employed by Boyd County Public Library):					
Name (First, MI, Last):					
Mailing Address:					
Mailing Address Line 2:					
City: State: Zip Code:					
Primary Phone:					
Other Phone:					
Email:					
ELIGIBILITY					
Are you a U.S. citizen or do you possess a work permit? Yes No					
Have you ever been convicted of a felony? Yes No					
Position desired (please apply for specific open positions):					
Full or part time (select all that apply):	_				
□Full Time					
□Part Time					
Date available to start work:					
Please list any schedule limitations:					

Have you ever been employed by Boyd County Pu	blic Library?	Yes	No
If Yes, which branch and department?			
If yes, provide dates of employment:	to		
Does Boyd County Public Library employ any of yo Trustee member?			
If yes, please list their name, department, and relat	ion to you:		
	ATION		
High school attended:			
City:	State: _		
Degree Received:			
□None			
□Did not graduate			
□High school diploma			
□GED			
Business, trade or technical school attended:			
City:	State: _		
Major:			
Degree or certificate received:			
College or University attended:			-:
City:			
Major:			
Degree received:			
□None			
□Associate			
⊓Rachelors			

Graduate School attended:				
City:		State:		
Major:				
Degree received:				
□None				
□M.A./M.S.				
□Other (please specify):				
EMF	PLOYMENT HISTORY			
List your last three places of employment;	most recent first.			
Employer 1:				
Job Title:				
Dates Employed:				
City:				
Duties/Work Performed:				
Supervisor's name and contact information	n:			
May we contact him/her?			YES	NO
Reason for leaving:			· · · · · · · · · · · · · · · · · · ·	
Employer 2:				
Job Title:				
Dates Employed:				
City:				
Duties/Work Performed:				

Supervisor's name and contact information:		
May we contact him/her?	YES	NO
Reason for leaving:		
Employer 3:		
Job Title:		
Dates Employed: to		
City: State:	· 	
Duties/Work Performed:		
Supervisor's name and contact information:		
May we contact him/her?	YES	NO
Reason for leaving:		
QUALIFICATIONS		
List professional memberships and/or affiliations:		
List professional and/or trade licenses held:		
List related work experience. Please include certifications, seminars, workshachievements and skills. Documentation may be requested.	nops, special	

Why would you like to work at Boyd County Public Library?
What skills and/or training qualify you for this position?
What portions of your work experience pertain to this job?
PROFESSIONAL REFERENCES
Reference 1 Name:
Address:
Email:
Phone:
Relationship:
Reference 2 Name:
Address:
Email:
Phone:
Relationship:
Reference 3 Name:
Address:
Email:
Phone:
Relationship:

SIGNATURE/ACCEPTANCE

Additional documents (Resume, Cover Letter) may be requested or required in order to apply for a position.

The information provided on this application is true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. If employed, I understand that any false or misleading information given in my application or interview(s) may result in dismissal. I understand that, if I am selected for employment, Boyd County Public Library will conduct a background check and may use the results of such as a determining factor in offering me a position. I understand and acknowledge that unless otherwise defined by applicable law, any employment relationship with Boyd County Public Library is of an "at will" nature, which means that the employee may resign at any time and the employer may discharge the employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

Signature:	
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