

	<b>BELL COUNTY PUBLIC LIBRARY DISTRICT</b>	
	Middlesboro Branch 126 S. 20th St. P O Box 1677 Middlesboro KY 40965-9677 606-248-4812	Pineville Branch 214 Walnut Street P O Box 1490 Pineville KY 40977-1490 606-337-3422
<a href="http://www.bellcountypublibraries.org">http://www.bellcountypublibraries.org</a>		

### Application for Employment

Last Name	First Name
Street Address	City/Zip
Phone:	E-mail
Soc. Sec. #:	

Are you legally eligible for employment in the United States?	When are you available to start work?
Are you available to work scheduled daytime, evening, Saturday, and Sunday hours?	

**POSITION DESIRED**

For what position are you applying? \_\_\_\_\_

Are you applying for: \_\_\_\_\_ full-time \_\_\_\_\_ part-time

**AVAILABILITY**

Are you willing to work:

Days	_____ Regularly	_____ Sometimes	_____ Never
Evenings	_____ Regularly	_____ Sometimes	_____ Never
Saturdays	_____ Regularly	_____ Sometimes	_____ Never

What date would you be available to start employment? \_\_\_\_\_

**Education: List the school[s] you attended, degree, and year of graduation**

School	Degree Earned	Year Graduated

Attach a separate sheet, if necessary

**Equipment: What is your experience/skill level with each of the following?**

Computer [word processing, etc.]	<input type="checkbox"/> Low	<input type="checkbox"/> Moderate	<input type="checkbox"/> High
Internet [E-mail, WWW, etc.]	<input type="checkbox"/> Low	<input type="checkbox"/> Moderate	<input type="checkbox"/> High
Copier	<input type="checkbox"/> Low	<input type="checkbox"/> Moderate	<input type="checkbox"/> High
Laser Printer	<input type="checkbox"/> Low	<input type="checkbox"/> Moderate	<input type="checkbox"/> High
FAX Machine	<input type="checkbox"/> Low	<input type="checkbox"/> Moderate	<input type="checkbox"/> High

**Work/Volunteer Experience: Attach additional pages, if necessary.**

**List experience in reverse chronological order, starting with your current job.**

Employer or Organization	What were your duties? Why did you leave?
Start & end dates	
Number of hours worked per week	
Supervisor's Name & Phone Number	May we contact your supervisor if you are a finalist for the position?

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**Professional References: List and provide contact information for three individuals who are familiar with your skills, knowledge, abilities, and work ethic. Please do NOT list relatives/friends.**

Name	Phone #
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How does this person know you?
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Name	Phone #
------	---------

How does this person know you?
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Name	Phone #
------	---------

How does this person know you?
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Do you hold a valid Kentucky driver's license?      \_\_\_\_\_yes      \_\_\_\_\_no

**Criminal Background Disclosure**

1. Have you ever been convicted of a crime?     Yes     No

    If yes, attach a separate sheet detailing date, place, and nature of each conviction.

2. I hereby authorize Bell County Public Library District to conduct a background inquiry on me. I understand that an offer of employment may be contingent on the successful outcome of this background check.

Yes     No

***Please read carefully before signing – Incomplete or unsigned applications will not be considered.***

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 fact is sufficient grounds for either my immediate discharge without recourse or refusal of employment by the Bell County Public Library District.

I agree that if I am employed by the Bell County Public Library District my employment may be terminated at any time without liability except such wages/benefits as may have been earned at the date of such 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 unspecified period of time and that the library can change hours, wages, benefits, and conditions at any time.

I understand and agree that all information furnished in this application may be verified by the Bell County Public Library District. I also understand that any employment is subject to a satisfactory check of references. I hereby authorize all individuals and organizations named or referred to in this application and any law enforcement organizations 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.

I understand that only finalists for this position will be contacted.

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

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