



Application for Employment

JACKSON COUNTY PUBLIC LIBRARY

338 N. Main St McKee, KY 40447

606-287-8113

Please answer all questions as completely as possible. The use of this application does not create a contract between you and the Jackson County Public Library, does not indicate that there are positions open and does not in any way obligate you or the Jackson County Public Library.

PLEASE PRINT IN INK OR TYPE

Date ___/___/___

Name _____ E-mail Address _____

Address _____

_____ Phone _____

Position(s) applying for _____ Full-time Part-time

Salary Requirement _____ Date available to begin work ___/___/___

Do you have a current driver's license? Yes No If yes, how many years? _____

Please identify all the days/times that you are available to work.

	Mon	Tue	Wed	Thurs	Fri	Sat
Morning						
Afternoon						
Evening						

Are you legally eligible for employment in the United States? Yes No

If you are less than 18 years of age, please give your age: _____

Have you ever been charged with a crime? Yes No (This information may be relevant if job related, but does not necessarily disqualify you from consideration for employment.) If yes, state date, place and nature of each charge:

Have you ever been known by any other name(s) which the Jackson County Public 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:

Position _____ Employed from _____ to _____

Equal Opportunity Employer

Does the Jackson County Public Library now employ any of your relatives? Yes No If yes, please state:

Name(s) _____ Position _____ Relationship _____

EMPLOYMENT RECORD

List your current or most recent employer first and indicate a continuous record of employment for the last four employers or from the time you left school. (Please add a supplementary sheet if additional space is required).

Employer Address:

Phone:

Employed (Mo/Yr): _____ Salary Starting _____ At Termination

Name of Supervisor _____ Job Title _____

Duties _____

Reason for Leaving: _____

May we contact for reference? Yes No

Employer Address:

Phone:

Employed (Mo/Yr): _____ Salary Starting _____ At Termination

Name of Supervisor _____ Job Title _____

Duties _____

Reason for Leaving: _____

May we contact for reference? Yes No

Employer Address:

Phone:

Employed (Mo/Yr): _____ Salary Starting _____ At Termination

Name of Supervisor _____ Job Title _____

Duties _____

Reason for Leaving: _____

May we contact for reference? Yes No

ADDITIONAL REFERENCES If there are others (not related to you) whom we may contact to verify your work habits, please list them here.

Name: _____ Address _____

Phone: _____ Position/Title: _____

Name: _____ Address _____

Phone: _____ Position/Title: _____

Name: _____ Address _____

Phone: _____ Position/Title: _____

EDUCATIONAL INFORMATION

Circle highest grade completed K 1 2 3 4 5 6 7 8 9 10 11 12

College 1 2 3 4 +

Graduate School 1 +

School Name and Location: _____ Course of Study _____

Dates: _____ Degree _____

SPECIALIZED TRAINING SKILLS List all current licenses and/or areas of certification not listed above:

List all equipment and types of computer software that you use proficiently: _____

List any other training, skills, aptitudes, and qualifications that you feel are relevant to the position you are seeking at the library: _____

Please write a brief paragraph stating why you would like to work at the library:

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 fact is sufficient grounds for either my immediate discharge without recourse or refusal of employment by the Jackson County Public Library. I agree that if I am employed by the Jackson 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 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 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 Jackson County Public 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 which may result. I understand that this application will be kept on file for 90 days after which point I have to reapply in order to be considered for employment at the Jackson County Public Library.

Signature _____ Date _____ FOR

OFFICE USE ONLY

Application checked for completeness, including signature

Departmental Review Admin. Circ. Tech. Ref. Child.

Interview Date _____

Interviewer _____

References checked

Criminal background check completed

Equal Opportunity Employer

Last Revised 3/3/2021