Washington County Public Library 333 West Main Street • Springfield, KY 40069• (859) 336-7655

https://wcplky.org

Last Name

Application for Employment

Please type or print.

Identification

First Name

Middle Name

Street Address	City	State	Zip		
Daytime Telephone	Cell Phone Number	Email A	Email Address		
Have you ever been know application? If yes, please	wn by any other name(s) that WCPL should be list name(s) below.	ld know to verify i	nformation in	this	
	General Information				
		Y	Zes]	No	
Are you under the age of	18?				
Are you legally eligible fo	or employment in the U.S.?				
Are you interested in full-	-time work?				
Part-time work?					
Can you work evenings a	nd weekends?				
Do you hold a valid Kent	ucky driver's license?				
Have you ever been convispeeding)?	icted of a felony or misdemeanor (other th	nan			
	tion of conviction and describe the nature	C 41 CC			

Have you ever lived outside of Kentucky?								
If yes, list states and dates.								
What is the position in which you are applying?								
Education								
Training	Number	Name and City	Did you	Major Course of				
	of Years		Graduate?	Study				
High School			(Yes/No)					
Business,								
Correspondence, or								
Vocational School								
College or								
University								
Graduate School								
Other Courses or								
Special Training								
Are you currently enr			here?					
Special Skills, Talent	s and Interests:	(Computers, musical instruments, o	design, gardening,	etc.)				
Other information rel	evant to the no	sition you would like WCPL to kno	W.					
	evant to the po	sition you would like WCi L to kno	vv .					
Do you currently hold Kentucky State Certification of Public Librarians? Yes No								
If yes, what type of certification?								
Expiration date:								
Expiration date.								
L								

Employment History (List most recent job first)

Place of Employment:	Supervisor's Name:			
Address:	Dates of Employment:			
	From: To:			
Position/Duties:	Reason for Leaving:			
May we contact this employer? (Yes/No)	Rate of Pay:			
Place of Employment:	Supervisor's Name:			
Address:	Dates of Employment:			
	From: To:			
Position/Duties:	Reason for Leaving:			
May we contact this employer? (Yes/No)	Rate of Pay:			
Place of Employment:	Supervisor's Name:			
Address:	Dates of Employment:			
	From: To:			
Position/Duties:	Reason for Leaving:			
May we contact this employer? (Yes/No)	Rate of Pay:			

References
(Other than Employers and Relatives)

Name:	Occupation:		Work Phone:			
			Home Phone:			
Street Address:		City, State, Zip	1			
Name:	Occupation:		Work Phone:			
			Home Phone:			
Street Address:		City, State, Zip				
Name:	Occupation:		Work Phone:			
			Home Phone:			
Street Address:		City, State, Zip				
		-				
	<u>Personal</u>	Response				
What do you see as the role of the pu	ıblic library in a sm	all community such	n as Washington County?			
Washington County Public Library works to maintain a friendly, helpful experience, where anyone feels						
comfortable asking for assistance. How do you think you will fit into this environment?						
I certify that the statements made by me on this application are true, complete, and correct to the best of my						
knowledge and are made in good faith. I authorize you to make such investigations and inquiries of my personal and/or employment history as may be necessary in arriving at an employment decision. I hereby release						
employers, schools, or person from l	iability in respondi	ng to inquiries in co	onnection with my application. In the			
event of employment, I understand that false or misleading information given on the application or in the interview(s) may result in my discharge. I understand, also, that I am required to abide by all rules and						
regulations to abide by all rules and regulations of the Washington County Public Library.						
Signed:			Date:			