

APPLICATION FOR EMPLOYMENT

The Company is an equal opportunity employer and provider and will not discriminate against any applicant on the basis of any status that is protected by local, state, or federal law.

Position Applied For: _____ Date of Application _____

Date You Can Start: _____

Please note that this application will only remain active for 6 months, after which the applicant will need to re-apply.

Name: _____
Last First Middle

Present Address: _____
Street City State Zip

Permanent Address: _____
Street City State Zip

Telephone #: Home (_____) _____ Work (_____) _____

Are you 18 years or older? _____ Yes _____ No

Are there any hours or days of the week you cannot work? _____ If so, when? _____

Salary Desired _____ Type of Employment: _____ Full-time _____ Part-time

Are you employed now? _____ May we contact your present employer? _____

Have you ever worked for the library? _____ Yes _____ No

Under what name? _____ When? _____

EDUCATION:

	NAME AND ADDRESS OF SCHOOL	NO. OF YEARS ATTENDED	DID YOU GRADUATE?	SUBJECT/MAJOR
Elementary School				
High School				
College				
Specialized Training				

Are you lawfully entitled to be employed in the United States? _____

Have you ever been convicted of a criminal offense? _____ Yes _____ No

Conviction will not necessarily disqualify you from employment.

If yes, please explain: _____

Please explain any family relationships to any current BCPL employees and any family relationships to any current BCPL board members.

Please provide any additional information such as special skills, training, management experience, equipment operation, or qualifications you feel will be helpful to us in considering your application.

REFERENCES: Three professional/academic references, not related to you, whom you have known for at least one year:

NAME	ADDRESS & TELEPHONE	RELATIONSHIP	YEARS ACQUAINTED

EMERGENCY CONTACT: _____
Name/Street/City/State/Telephone

CURRENT AND FORMER EMPLOYERS: (Most Recent One First)

MONTH/ YEAR	NAME, ADDRESS, & TELEPHONE NO. OF EMPLOYER	SALARY: STARTING/ ENDING	LAST POSITION HELD/ RESPONSIBILITIES	REASON FOR LEAVING
From:				
To:				
From:				
To:				

From:				
To:				
From:				
To:				
From:				
To:				

Please read the following statement carefully before signing to indicate your understanding:

I understand that, if I receive a conditional job offer and prior to beginning employment, I will be required to have a background check.

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

I understand and agree that, if hired, my employment is AT-WILL. THIS MEANS THAT, IF HIRED, EITHER THE COMPANY OR I CAN END THE EMPLOYMENT RELATIONSHIP AT ANY TIME AND FOR ANY OR NO REASON.

I authorize investigation of all statements contained in this application for any employment-related purpose. I release the listed references and all employers to provide you with any and all applicable information they may have. I hereby authorize all individuals and organizations named or referred to in this application and any law enforcement organizations to give the Library 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.

Date

Signature

For Employer Use Only

Interviewed By: _____ Date: _____ Hired: _____ Yes _____ No

Starting Date: _____ Position: _____ Wage: _____

THE COMPANY IS AN AT-WILL, EQUAL OPPORTUNITY EMPLOYER AND PROVIDER