



# Hardin County Public Library

100 Jim Owen Drive

Elizabethtown, KY 42701

Application for Employment

The State of Kentucky follows the "employment at-will" doctrine.

Full Time \_\_\_\_\_ Part Time \_\_\_\_\_

Location: Main Library (Elizabethtown): \_\_\_\_\_ North Branch (Radcliff): \_\_\_\_\_

Position applying for: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone ( ) \_\_\_\_\_  
*Last First Middle*

Address: \_\_\_\_\_

\_\_\_\_\_ *City State Zip*

Social Security No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Age (if under 18): \_\_\_\_\_

Are you a US citizen or do you possess a green card? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been convicted of a felony? Yes \_\_\_\_\_ No \_\_\_\_\_ (If yes, please explain on an attached sheet.)

Are you related to a current employee of the library? Yes \_\_\_\_\_ No \_\_\_\_\_ (If yes, please state relationship \_\_\_\_\_)

For part time positions, please provide the hours you are available to work.

### Education

Name and location of institution                      Dates attended                      Major or specialty                      Degree received

1 \_\_\_\_\_

2 \_\_\_\_\_

3 \_\_\_\_\_

### Training/Skills

Use this space for any additional information—including seminars, workshops, special achievements or skills.

\_\_\_\_\_  
\_\_\_\_\_

**Experience**

List last three employers chronologically, starting with the most recent.

Employer \_\_\_\_\_ Date (mo/yr) \_\_\_\_\_ to (mo/yr) \_\_\_\_\_

Immediate Supervisor \_\_\_\_\_ Telephone \_\_\_\_\_

List Duties \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Employer \_\_\_\_\_ Date (mo/yr) \_\_\_\_\_ to (mo/yr) \_\_\_\_\_

Immediate Supervisor \_\_\_\_\_ Telephone \_\_\_\_\_

List Duties \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Employer \_\_\_\_\_ Date (mo/yr) \_\_\_\_\_ to (mo/yr) \_\_\_\_\_

Immediate Supervisor \_\_\_\_\_ Telephone \_\_\_\_\_

List Duties \_\_\_\_\_

Reason for leaving \_\_\_\_\_

**References**

Work references are preferred.

1	_____	_____	_____
	Name	Relationship	Telephone Number
2	_____	_____	_____
	Name	Relationship	Telephone Number
3	_____	_____	_____
	Name	Relationship	Telephone Number

**Other**

List any other related experience.

\_\_\_\_\_  
\_\_\_\_\_

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.

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





