marion county public library

Application For Employment

201 East Main St. Lebanon, Kentucky 40033

Phone: 270-692-4698 marioncopublic.org

Date:		DOB:			
Name: Last	First	Middle			
Street Address			Home Phone/Cell #		
City	State	Zip	E-mail Address		
Have you been known by an should know to verify infor	•	Circle: Yes	No		
If yes, list all names and related employers, schools or references:					
General Information:			Yes	No	
Are you under the age of 18?					
High School Applicants, What Year of School are you currently in?					
Are you legally eligible for employment in the U.S.?					
Are you interested in full time work?					
Part time work?					
Can you work evenings and v	veekends?				
Date able to start:					
Do you hold a valid Kentucky	Drivers License?				
Have you been convicted of a felony or misdemeanor (other than speeding)?					
If yes, give date and location	of conviction and describe the	e nature of the offense.		ı	
If under the age of 18 you must ha	ve a parent/guardian sign their ac	knowledgment of this application	Paren/Guardian	Phone #	
Parent/Guardian Name:	Signa	ture:	Date:		
Have you ever lived outside the	ne state of Kentucky?				
If yes, list states and dates.					
Indicate the position in which	you are applying for.				
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		Education/Experier	nce	
Training	Number of Years	Name and City	Did you Graduate? Yes/No	Major Course of Study
High School				
Business, Correspondence or Vocational School				
College/University				
Graduate School				
Courses, Special Training and/or Special Experience That Pertains To Libraries	Applican	ts with prior library expe	erience are highly sough	t after and desired.
Are you currently enrolled in school?)	'es No	Where?	
Special Skills, Talents and Interests (Computers, musical instruments, design, gardening, art, etc.)				
Other information you'd like the library to know about you?				
Do you currently hold Kentucky State Certification of Public Librarians?		Yes, What Level:	_	-
		References	S	
		(Other than Employers a	and Relatives)	
Name of Reference (1):		Occupation of Reference:		phone:e phone:
Reference Street Address	:	City, State, Zip	Treate for the first	priorie.
Name of Reference (2):		Occupation of Reference:		phone:
Reference Street Address	:	City, State, Zip		
Name of Reference (3):		Occupation of Reference:		phone:
Reference Street Address	:	City, State, Zip		

Employment History (Volunteer History)			
(Please start with your most recent employment first)			
Place of Employment/Volunteerism:	Supervisor's Name:		
Address:	Date of Employment/Volunteerism:		
	From: To:		
Position/Duties:	Reason for Leaving:		
May we contact this employer? (Yes/No)	Rate of pay:		
Place of Employment/Volunteerism:	Supervisor's Name:		
Address:	Date of Employment/Volunteerism:		
	From: To:		
Position/Duties:	Reason for Leaving:		
May we contact this employer? (Yes/No)	Rate of pay:		
Place of Employment/Volunteerism:	Supervisor's Name:		
Address:	Date of Employment/Volunteerism:		
	From: To:		
Position/Duties:	Reason for Leaving:		
May we contact this employer? (Yes/No)	Rate of pay:		
Place of Employment/Volunteerism:	Supervisor's Name:		
Address:	Date of Employment/Volunteerism:		
	From: To:		
Position/Duties:	Reason for Leaving:		
May we contact this employer? (Yes/No)	Rate of pay:		

Personal Response (Please answ	er in the space provided)
What do you feel is the role of the	public library in a community such as Marion County?
helpful atmosphere, where any patron fe	If on quality service to its patrons. We work to maintain a friendly, els comfortable asking for help. How do you think you'll fit into that hinder you from offering this type of service to the community?
	online presence play a big role in how the library works. nputers, accessing the internet and creating documents ilizing social media?
As you look back over your work of aspects? What have you enjoyed	career and life experiences, what are the most gratifying most and hope to do more of?
L (Please read and sign your verification of the folk	owing. Applicants under 18 must also have a parent/guardian read/sign)
in good faith. I authorize MCPL to make such inv necessary in arriving at an employment decision inquiries in connection with my application. In the	application are true, complete and correct to the best of my knowledge and are made estigations and inquiries of my personal and/or employment history as may be . I hereby release employers, schools or persons from liability in responding to e event of employment, I understand that false or misleading information given on the charge. I understand, also, that I am required to abide by all the rules and regulations
Applicants Signature:	Date:
Parent/Guardian Signature (If applies):	Date: