



Application for Employment

Bullitt County Public Library is an Equal Opportunity Employer and fully subscribes to the principles of Equal Employment Opportunity. Applicants and/or employees are considered for hire, promotion, and job status, without regard to race, color, religion, creed, sex, marital status, national origin, age, physical disability, mental disability, or any other characteristic protected by federal, state, or local law or ordinance.

Personal Information

Name (last, first middle initial):		Last 4 digits of social security number:	Date:
Present address:	City:	State:	Zip code:
Phone number:	Alternate phone number:	E-mail address:	
Referred by:		Are you willing and available to work at all Library branches/locations? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you able to perform the essential job functions of the position for which you are applying, with or without reasonable accommodation? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you possess a valid driver's license and proof of insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you eligible to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you been convicted of or pleaded no contest to a felony within the last five years? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes," please explain:	
Are you in any way related to a current Library employee or member of the Board of Trustees? <input type="checkbox"/> Yes <input type="checkbox"/> No		If "Yes," please explain:	

Employment Desired

Position:	Earliest date you can start:	Are you interested in full time, part time, or both? <input type="checkbox"/> Full <input type="checkbox"/> Part <input type="checkbox"/> Both	Salary desired:
Please list the hours you are available to work during the week: Mon: _____ Tues: _____ Wed: _____ Thurs: _____ Fri: _____ Sat: _____ Sun: _____			
Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	If so may we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	If hired, do you plan to keep your current job? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever applied to BCPL before? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes," when and for what position?		Were you interviewed?
Have you ever worked for BCPL before? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes," please specify:		

Education History

Name and location of school:	Years attended:	Did you graduate? Degree earned:	Subjects studied:
High School			
College or University			
Graduate School			
Trade or Other School			

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General Information

Are there any special skills, training, licenses, etc., you have that you feel may be beneficial?

Have you ever served in the military?

Yes No

Branch:

Dates of service and rank:

Employment History

(Start with current or most recent position.)

Position or title:	From (month/year): To (month/year): Full or part time:	Salary: Starting: Ending:	Supervisor's name:
Employer's name, address, and phone number:		Reason for leaving:	
Description of duties:			
Position or title:	From (month/year): To (month/year): Full or part time:	Salary: Starting: Ending:	Supervisor's name:
Employer's name, address, and phone number:		Reason for leaving:	
Description of duties:			
Position or title:	From (month/year): To (month/year): Full or part time:	Salary: Starting: Ending:	Supervisor's name:
Employer's name, address, and phone number:		Reason for leaving:	
Description of duties:			

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Employer's name, address, and phone number:		Reason for leaving:	
Description of duties:			

Professional References

(If no professional references are available, then list persons not related to you whom you have known at least one year.)

Name:	Address:	Business:	Years known:

READ CAREFULLY: I certify that the information contained in this application is correct to the best of my knowledge and understand that any misstatement or omission of information may result in denial of employment or discharge. I authorize the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you.

Signature: _____

Date: _____