



Perry County Public Library Application for Employment

The Perry County Public Library is an equal opportunity employer and will not discriminate against any applicant on the basis of any characteristic that is protected by state or federal law.

Applicants for employment will be screened for drug use prior to hiring.

Position Applied for: _____ Date of Application _____

Date You Can Start: _____ Are you 18 years or older? ____ Yes ____ No

Name: _____
Last First Middle

Present Address: _____
Street City State Zip

Permanent Address: _____
Street City State Zip

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

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? _____

Did you ever apply to this Library before? _____ When? _____

Under what name? _____

EDUCATION:

High School Diploma/GED Yes No If no, years of school completed _____

College Degree Yes Degree earned _____

No Years completed _____ Hours earned _____

Post-Graduate Degree Yes Degree earned _____

No Years completed _____ Hours earned _____

Specialized Training Yes Degree earned _____

No Years completed _____ Hours earned _____

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.

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

Have you been convicted of a crime within the last 7 years? ____ yes ____ no
(Conviction will not necessarily disqualify you from employment.)

If yes, please explain: _____

List below your last three (3) places of employment, most recent one first:

Employer:	Phone:
City:	State:
Position held:	
Dates of employment:	
Reason for leaving:	

Employer:	Phone:
City:	State:
Position held:	
Dates of employment:	
Reason for leaving:	

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City:	State:
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REFERENCES: Three Individuals Not Related to You That You Have Known for at Least One Year:

Name	Address & Telephone	Relationship	Years Acquainted

I acknowledge the fact that this application of employment will be active for 60 days; after this time period, I must reapply for further consideration.

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

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application may result in termination. **I understand and agree that, if hired, my employment is AT-WILL. THIS MEANS THAT, IF HIRED, EITHER THE PERRY COUNTY PUBLIC LIBRARY 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 release these references and former employers from all liability for any information they may give to you, including but not limited to any defamation claims I may now have or will have against them.

Date

Signature

PLEASE ATTACH RESUME TO THIS APPLICATION BEFORE SUBMITTING

THE PERRY COUNTY PUBLIC LIBRARY IS AN AT-WILL, EQUAL OPPORTUNITY EMPLOYER

For Employer Use Only

Interviewed by: _____ Date: _____ Hired: _____ Yes _____ No

Starting Date: _____ Position: _____ Wage: _____