

Application for Employment

Shelby County Public Library | 309 Eighth St., Shelbyville, KY | (502) 633-3803 | Fax: (502) 633-4025

Position Applied for: Date of Application:							
Name:							
LAS'	Γ	FIRST		MIDDLE			
Address:	 EET	CITY		STATE	ZIP		
		Email:					
				Part-1			
Date available to begin work: Type of employment desired: As it is necessary for the job, are you over:			16	18			
Are you related to a current Shelby County Public Library employee?			Yes	No			
Are you legally eligible for employment in the United States?			Yes	No			
		Phone number:Phone number:					
Name:	E	Phone number:	Relationshin:				
Name:	F	Phone number:	Relationship:				
Name:		Phone number:	Relationship:				
In the space provided, please explain why you are the best person for this position. Include any specialized training or job skills.							

Please complete the following or attach résumé.

Education

	ted·				
School:Projected/Year Gradua					
School:Projected/Year Gradua	ted:				
School:Projected/Year Gradua	ted:				
Work/Volunteer Experience List experience in reverse chronological order, beginning with your current job. Please list only your previous three (3) positions.					
1. Employer or organization:Start and end dates:	n:Start and end dates:				
Number of hours worked per week: Supervisor's name and phone number:					
May we contact your supervisor? Yes No					
What were your duties? Why did you leave?					
2. Employer or organization:Start and end dates:					
Number of hours worked per week: Supervisor's name and phone number:					
May we contact your supervisor? Yes No					
What were your duties? Why did you leave?					
3. Employer or organization:Start and end dates:					
Number of hours worked per week: Supervisor's name and phone number:					
May we contact your supervisor? Yes No					
What were your duties? Why did you leave?					

Criminal Background Disclosure

Have you ever been convicted of a crime?	Yes	No				
If yes, please list charge/conviction, date, and location of charge/conviction:						
I hereby authorize Shelby County Public Library offer of employment may be contingent on the		t a background inquiry on me. I understand that an outcome of this background check. No				
Please read carefully before signing—incomplete or unsigned applications will not be considered.						
	alment of fac	n is true and complete. I understand and agree that any ct is sufficient grounds for either my immediate ne Shelby County Public Library.				
without liability except such wages/benefits as understand and acknowledge that this is an app	s may have b plication for ment is for a	Library my employment may be terminated at any time been earned at the date of such termination. I further employment, that no employment contract is being an unspecified period of time and that the library can				
Public Library. I also understand that any emploauthorize all individuals and organizations nam organizations to give the library all information	oyment is su led or referr l relative to l	is application may be verified by the Shelby County abject to a satisfactory check of references. I herby red to in this application and any law enforcement my employment, work habits, and character and hereby in any liability for any claim or damage that may result.				
I understand that only finalists for this position	will be cont	tacted.				
Signature:		Date:				
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Thank you for your interest in joining the team at Shelby County Public Library!