



Hardin County Public Library Application for Employment

Equal Opportunity Employer

(Must Be 18 years or older)

Position Applied for _____ Date of Application _____

Personal Data

Name (last, first, middle) _____

Address: _____

City: _____ State _____ Zip _____

Home Phone: _____ Cell Phone: _____

If employed, can you provide proof of authorization to work in the U.S.? Yes _____ No _____

Referred by Job Posting _____ Friend _____ Relative _____ Agency _____

Other _____

Education Record

High School: _____

Address: _____

Degrees or Diplomas _____ Years Attended _____

College/University _____

Address: _____

Degrees or Diplomas _____ Years Attended _____

Trade or Technical Training School _____

Address: _____

Degrees or Diplomas _____ Years Attended _____

Graduate School _____

Address: _____

Degrees or Diplomas _____ Years Attended _____

Special Skills, Qualifications, or Volunteer Activities

Do you speak a language other than English? Yes _____ No _____

If so, what language do you speak? _____

Summarize any special skills or qualifications that you acquired through employment or other experiences such as volunteering that are applicable to the job that you are applying for:

Begin with the most recent employer.

1. Employer: _____ Dates of Employment: _____
Address: _____
Phone: _____ Ending Salary _____
Title/Duties: _____

Supervisor's Name: _____
Reason for leaving: _____

2. Employer: _____ Dates of Employment: _____
Address: _____
Phone: _____ Ending Salary _____
Titles/Duties: _____

Reason for leaving: _____

3. Employer: _____ Dates of Employment: _____
Address: _____
Phone: _____ Ending Salary _____
Titles/ Duties: _____

Reason for leaving: _____

Please provide three references that we can contact, work references preferred. Please include current contacts.

Additional Data

Have you been employed here before? Yes _____ No _____
Dates of Previous employment: _____

May we contact your previous employer? Yes _____ No _____

Applicant's Signature

I certify that all my answers given here are true and complete to the best of my knowledge, and that supplying false information herein shall result in immediate disqualification for consideration for employment or termination from employment, regardless of when such false information is discovered. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision; and I hereby agree to indemnify and hold harmless each and every current or prior employer in defending against any charge, complaint or suit filed with any Federal, State or local agency, or in any court of the State or Federal government for providing an accurate, factual history of employment information. I understand that neither this document nor any offer of employment from the employer constitutes an employment contract, unless specific document to that effect is executed by the employer and employee in writing.

Signature of Applicant

Date