



Employment Application

Last Name	First Name
Street Address	City/Zip
Phone	E-mail

Pronouns (optional) _____

Position applying for _____

Are you legally eligible for employment in the United States? _____

What date are you available to begin work? _____

Availability:

Days regularly sometimes never

Evenings regularly sometimes never

Weekends regularly sometimes never

Are you available to work at different locations within the OCPL system?

Education: List the school(s) you attended, degree, and if you graduated		
School	Degree Earned	Did you graduate?

Attach a separate sheet, if necessary

Subjects of special study or research work _____

Skills _____

Activities _____



What is your experience/skill level with each of the following?			
Computer Software (Word, Excel, Publisher, etc.)	<input type="checkbox"/> Low	<input type="checkbox"/> Moderate	<input type="checkbox"/> High
Internet (e-mail, Google, etc.)	<input type="checkbox"/> Low	<input type="checkbox"/> Moderate	<input type="checkbox"/> High
Social Networking (Facebook, Twitter, Instagram)	<input type="checkbox"/> Low	<input type="checkbox"/> Moderate	<input type="checkbox"/> High
Mobile Technology (iPhone, Android, etc.)	<input type="checkbox"/> Low	<input type="checkbox"/> Moderate	<input type="checkbox"/> High
Office Equipment (copiers, printers, fax, scanners)	<input type="checkbox"/> Low	<input type="checkbox"/> Moderate	<input type="checkbox"/> High
Cash Registers/ Cash Handling	<input type="checkbox"/> Low	<input type="checkbox"/> Moderate	<input type="checkbox"/> High

Work/Volunteer Experience: (Attach resume or extra pages, if necessary)

List Experience in reverse chronological order, starting with your current job.

Employer or Organization	List duties:
Start and End Dates	
Number of Hours worked per week	
Supervisor's Name & Phone Number	Why did you leave? May we contact your supervisor if you are a finalist for the position?

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Employer or Organization	List duties: Why did you leave?
Start and End Dates	
Number of Hours worked per week	
Supervisor's Name & Phone Number	May we contact your supervisor if you are a finalist for the position?

Which of these jobs did you like best and why? _____

Professional References: List and provide contact information for three individuals who are familiar with your skills, knowledge, abilities, and work ethic. Please do not list relatives/friends.

Name:	Phone Number:
How does this person know you?	

Name:	Phone Number:
How does this person know you?	

Name:	Phone Number:
How does this person know you?	

If you are a finalist for the position, the Library may want to run a background check on you. Please complete the following:

1. Have you ever been convicted of a crime? Yes No
If yes, attach a separate sheet detailing date, place, and nature of conviction.
2. I hereby authorize the Oldham County Public Library to conduct a background inquiry on me. I understand that an offer of employment may be contingent on the successful outcome of this background check. Yes No

Please read carefully before signing – Incomplete or unsigned applications will not be considered. I certify that the information given by me in this application is true and complete. I understand and agree that any false information, misrepresentation, or concealment of fact is sufficient grounds for either my immediate discharge without recourse or refusal of employment by the Oldham County Public Library.

I agree that if I am employed by the Oldham County Public Library my employment may be terminated at any time without liability except such wages/benefits as may have been earned at the date of such termination. I further understand and acknowledge that this is an application for employment, that no employment contract is being offered and that if I am employed such employment is for an unspecified period of time and that the library can change hours, wages, benefits and conditions at any time.

I understand and agree that all information furnished in this application may be verified by the Oldham County Public Library. I also understand that any employment is subject to a satisfactory check of references. I hereby authorize all individuals and organizations names or referred to in this application, and any law enforcement organizations to give the library all information relative to my employment, work habits, and character and hereby release such individuals, organizations, and the library from any liability for any claim or damage that may result. I understand that only finalists for this position will be contacted.

Signature _____ Date _____

The Library does not discriminate in employment on the basis of race, color, sex, age, disability, religion, national origin, status as a disabled veteran, or because an individual is a smoker or nonsmoker, as long as such individual complies with a workplace policy of no smoking within Library buildings or on Library premises.