

This form and can be returned to any Madison County Public Library location

**Richmond Location**  
507 West Main  
Richmond, KY 40475  
859-623-6704  
FAX: 859-623-2032

**Berea Location**  
319 Chestnut  
Berea, KY 40403  
859-986-7112  
FAX: 859-986-7208

## Application for Employment

Please answer all questions as completely as possible. The use of this application does not create a contract between you and the Madison County Public Library, does not indicate that there are positions open and does not in any way obligate you or the Madison County Public Library. The Madison County Public Library does not discriminate in employment on the basis of race, sex, age, disability, sexual orientation, religion, color, national origin, status as a Vietnam Era Veteran, status as a disabled Veteran, or because an individual is a smoker or nonsmoker, as long as such individual complies with any workplace policy concerning smoking.

**Phone** \_\_\_\_\_

**Date:** \_\_\_\_\_

\_\_\_\_\_  
Last Name                      First Name                      Middle Name

Current Mailing Address (street, city, state, and zip code)

Position(s) applying for: \_\_\_\_\_

Full-Time

Part-Time

Salary requirement \_\_\_\_\_ Date available to begin work \_\_\_\_\_

If desiring part-time work, days & hours available \_\_\_\_\_

Are you legally eligible for work in the United States?(Proof of US citizenship or immigration status will be required upon employment)      Yes       No

If you are less than 18 years of age, please give your age \_\_\_\_\_

Do you have a valid drivers license?      Yes       No

Have you been involved in 3 or more moving violations in the past year?      Yes       No

Have you been convicted of a felony within the last 7 years?  
(Such conviction may be relevant if job related, but does not necessarily disqualify you from employment.)      Yes       No

If yes, state date place and nature of each conviction. \_\_\_\_\_

Have you ever been known by any other name(s) which the Madison County Public Library will need to know to verify any of the information contained in this application? If yes, give name(s) & identify the related school, employer, etc.

Yes  No  \_\_\_\_\_

Have you ever been employed by this library? Yes  No

If yes, which location/department? \_\_\_\_\_

Employed from \_\_\_\_\_ to \_\_\_\_\_

Does the Madison County Public Library now employ any of your relatives?

Yes  No  If yes, please state Name(s): \_\_\_\_\_

Department: \_\_\_\_\_ Relationship: \_\_\_\_\_

List your current or most recent employer first & indicate a continuous record of employment for the last 5 employers or from the time you left school. Please add a supplementary sheet if additional space is required.

If currently employed, may your employee be contacted for a reference? Yes  No

Employer \_\_\_\_\_

Address: \_\_\_\_\_

Employed (Mo/Yr) from: \_\_\_\_\_ To: \_\_\_\_\_ Phone: \_\_\_\_\_

Starting Salary: \_\_\_\_\_ Salary at Termination \_\_\_\_\_

Name of Supervisor \_\_\_\_\_

Job title and duties: \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Employed (Mo/Yr) from: \_\_\_\_\_ To: \_\_\_\_\_ Phone: \_\_\_\_\_

Starting Salary: \_\_\_\_\_ Salary at Termination \_\_\_\_\_

Name of supervisor \_\_\_\_\_

Job title and duties: \_\_\_\_\_

\_\_\_\_\_

Reason for leaving \_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Employed (Mo/Yr) from: \_\_\_\_\_ To: \_\_\_\_\_ Phone: \_\_\_\_\_

Starting Salary: \_\_\_\_\_ Salary at Termination \_\_\_\_\_

Name of supervisor \_\_\_\_\_

Job title and duties: \_\_\_\_\_

\_\_\_\_\_

Reason for leaving \_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Employed (Mo/Yr) from: \_\_\_\_\_ To: \_\_\_\_\_ Phone: \_\_\_\_\_

Starting Salary: \_\_\_\_\_ Salary at Termination \_\_\_\_\_

Name of Supervisor \_\_\_\_\_

Job Titles and Duties: \_\_\_\_\_

\_\_\_\_\_

Reason for leaving: \_\_\_\_\_

\_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Employed (Mo/Yr) from: \_\_\_\_\_ To: \_\_\_\_\_ Phone: \_\_\_\_\_

Starting Salary: \_\_\_\_\_ Salary at Termination \_\_\_\_\_

Name of Supervisor \_\_\_\_\_

Job title and duties: \_\_\_\_\_

\_\_\_\_\_

Reason for leaving \_\_\_\_\_

=====

**Education**

**Check highest grade completed**

1  2  3  4     9  10  11  12     1  2  3  4     1  2  3  4   
5  6  7  8

Grade School                      High School                      College                      Grad School

List all schools attended: high school, technical/vocational, college, business, military, etc. Use another sheet if necessary.

School Name: \_\_\_\_\_

Address: \_\_\_\_\_

Did you Graduate? Yes  No  Certificate or Degree Received \_\_\_\_\_

Major \_\_\_\_\_

School Name: \_\_\_\_\_

Address: \_\_\_\_\_

Did you Graduate? Yes  No  Certificate or Degree Received \_\_\_\_\_

Major \_\_\_\_\_

School Name: \_\_\_\_\_

Address: \_\_\_\_\_

Did you Graduate? Yes  No  Certificate or Degree Received \_\_\_\_\_

Major \_\_\_\_\_

School Name: \_\_\_\_\_

Address: \_\_\_\_\_

Did you Graduate? Yes  No  Certificate or Degree Received \_\_\_\_\_

Major \_\_\_\_\_

School Name: \_\_\_\_\_

Address: \_\_\_\_\_

Did you Graduate? Yes  No  Certificate or Degree Received \_\_\_\_\_

Major \_\_\_\_\_

**List all current licenses &/or areas of certification (if not listed above):**

\_\_\_\_\_  
\_\_\_\_\_

**List all equipment (office, trade or laboratory) that you operate proficiently:**

\_\_\_\_\_  
\_\_\_\_\_

List any other training, skills, aptitudes & qualifications which you feel are relevant to the type of employment you are seeking with the Library:

\_\_\_\_\_  
\_\_\_\_\_

### **Read Carefully Before Signing**

I certify that the information given by me in this application is true & complete. I understand & 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 Madison County Public Library.

I agree that if I am employed by the Madison County Public Library my employment may be terminated at any time without liability except such wages as may have been earned at the date of such termination. I further understand & 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 indefinite period of time & that the Library can change wages, benefits & conditions at any time.

I understand & agree that all information furnished in this application may be verified by the Madison County Public Library. I also understand that any employment is subject to a satisfactory check of references & a Police Department background check. I hereby authorize all individuals & organizations named or referred to in this application and any law enforcement organization to give the Library all information relative to my employment, work habits, & character & hereby release such individuals, organizations, & the Library from any liability for any claim or damage which may result.

Signature \_\_\_\_\_ Date \_\_\_\_\_

