



Application for Employment

www.bourbonlibrary.org
859-987-4419

Personal Information

Full Name:		Date of Birth:	
Address:			
Email:		Phone:	

Position Information

Position Applied For:			
Division:		Desired Salary:	
Date Available to Start:			

Days/Hours Available to Work: No Pref _____ Mon _____ Tue _____ Wed _____
Thur _____ Fri _____ Sat _____ Sun _____

____ FULL-TIME ONLY ____ PART-TIME ONLY ____ FULL- OR PART-TIME

HAVE YOU EVER BEEN CONVICTED OF A CRIME? ____ No ____ Yes

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation.

Educational Background

Degree	Institution	Year of Completion

HAVE YOU EVER BEEN IN THE ARMED FORCES? ____ Yes ____ No

ARE YOU NOW A MEMBER OF THE NATIONAL GUARD? ____ Yes ____ No

Specialty _____ Date Entered _____

Discharge Date _____

Professional background

Name of Employer	Name of Last Supervisor	Employment Dates	Pay or Salary
Address	FROM		START
	TO		FINAL
Phone Number	Your Last Job Title		
Reason for Leaving			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

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Phone Number	Your Last Job Title		
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List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

Please list two references other than relatives or previous employers.

Name _____

Position _____

Company _____

Address _____

Telephone _____

Name _____

Position _____

Company _____

Address _____

Telephone _____

May we contact your present employer? ____ Yes ____ No

Did you complete this application yourself ____ Yes ____ No

If not, who did? _____

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.

APPLICATION FORM WAIVER

In exchange for the consideration of my job application by _____
(hereinafter called "the Company"), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of the Library, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the Library Director. Both the undersigned and may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contract.

I further understand that my employment with the Company shall be probationary for a period of ninety (90) days, and further that at any time during the probationary period or thereafter, my employment relation with the Company is terminable at will for any reason by either party.

Signature of applicant: _____ **Date:** _____

This Company is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with this Company depends solely on your qualifications.

Thank you for completing this application and for your interest in our organization.