marion county public library

mcpl

Application For Employment

201 East Main St. Lebanon, Kentucky 40033

Phone: 270-692-4698 marioncopublic.org

identification:					
Name: Last	First	Middle			
Street Address			Home Phone/Cell #		
City	State	Zip	E-mail Address		
Have you been known by any other names that MCPL should know to verify informatio on this application?			No		
If yes, list all names and related employers, schools or references:					
General Information:			Yes	No	
Are you under the age of 18?					
High School Applicants, What					
Are you legally eligible for employment in the U.S.?					
Are you interested in full time work?					
Part time work?					
Can you work evenings and v					
Do you hold a valid Kentucky Drivers License?					
Have you been convicted of a felony or misdemeanor (other than speeding)?					
If yes, give date and location of conviction and describe the nature of the offense.					
If under the age of 18 you must have a parent/guardian sign their acknowledgment of this application			Paren/Guardian	Phone #	
Parent/Guardian Name:	Date:				
Have you ever lived outside the state of Kentucky?					
If yes, list states and dates.					
Indicate the position in which you are applying for.					

		Education/Experie	ence		
Training	Number of Years	Name and City	Did you Gra Yes/N		jor Course of Study
High School					
Business, Correspondence or Vocational School					
College/University					
Graduate School					
Courses, Special Training and/or Special Experience That Pertains To Libraries	Applicant	s with prior library exp	perience are highly	sought afte	er and desired.
Are you currently enrolled in school?	Y	res No	Where?		
Special Skills, Talents and Interests (Computers, musical instruments, design, gardening, art, etc.)					
Other information you'd like the library to know about you?					
Do you currently hold Kentucky State Certification of Public Librarians?		Yes, What Level:			
		Referenc	es		
		(Other than Employers	and Relatives)		
Name of Reference (1):		Occupation of Reference:		•	e:
Reference Street Address	:	City, State, Zip			
Name of Reference (2):		Occupation of Reference:			e:
Reference Street Address	:	City, State, Zip			
Name of Reference (3):		Occupation of Reference:			e:
Reference Street Address	:	City, State, Zip			

Employment History (Volunteer History)	
(Please start with your most recent employment first)	
Place of Employment/Volunteerism:	Supervisor's Name:
Address:	Date of Employment/Volunteerism:
	From: To:
Position/Duties:	Reason for Leaving:
May we contact this employer? (Yes/No)	Rate of pay:
Place of Employment/Volunteerism:	Supervisor's Name:
Address:	Date of Employment/Volunteerism:
	From: To:
Position/Duties:	Reason for Leaving:
May we contact this employer? (Yes/No)	Rate of pay:
Place of Employment/Volunteerism:	Supervisor's Name:
Address:	Date of Employment/Volunteerism:
	From: To:
Position/Duties:	Reason for Leaving:
May we contact this employer? (Yes/No)	Rate of pay:
Place of Employment/Volunteerism:	Supervisor's Name:
Address:	Date of Employment/Volunteerism:
	From: To:
Position/Duties:	Reason for Leaving:
May we contact this employer? (Yes/No)	Rate of pay:

Personal Response (Please answer in	n the space provided)
What do you feel is the role of the pu	blic library in a community such as Marion County?
helpful atmosphere, where any patron feels	n quality service to its patrons. We work to maintain a friendly, comfortable asking for help. How do you think you'll fit into that der you from offering this type of service to the community?
	ine presence play a big role in how the library works. uters, accessing the internet and creating documents ng social media?
As you look back over your work care aspects? What have you enjoyed mos	eer and life experiences, what are the most gratifying st and hope to do more of?
(Please read and sign your verification of the following	g. Applicants under 18 must also have a parent/guardian read/sign)
in good faith. I authorize MCPL to make such investig necessary in arriving at an employment decision. I he inquiries in connection with my application. In the eve	cation are true, complete and correct to the best of my knowledge and are made lations and inquiries of my personal and/or employment history as may be creby release employers, schools or persons from liability in responding to ent of employment, I understand that false or misleading information given on the ge. I understand, also, that I am required to abide by all the rules and regulations
Applicants Signature:	Date:
Parent/Guardian Signature (If applies):	Date: