



We'll Lend You The World

CABELL COUNTY PUBLIC LIBRARY

# APPLICATION FOR EMPLOYMENT

Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin, handicap, or veteran status.

(Email completed application to [pam.warden@cabellcountylib.org](mailto:pam.warden@cabellcountylib.org) Mingo County Libraries or [jennifer.ooten@cabellcountylib.org](mailto:jennifer.ooten@cabellcountylib.org) for Williamson Library.)

PERSONAL INFORMATION						
Last Name	First	Middle	Today's Date			
Street Address					Home Phone	
City, State, Zip					Cell Phone	
Have you ever applied for employment with us? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Month and Year _____ Location _____					Email	
Are you available for work full-time? <input type="checkbox"/> Yes <input type="checkbox"/> No	If not, what hours are you available to work?					
	Sunday to	Monday to	Tuesday to	Wednesday to	Thursday to	Friday to Saturday to
Are you legally eligible for employment in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No					When will you be available to Begin work? _____	
Other special training or skills? (languages, machine operation, software programs)						
How did you hear about this position? <input type="checkbox"/> Walk-in <input type="checkbox"/> Friend <input type="checkbox"/> Online <input type="checkbox"/> Staff <input type="checkbox"/> Other Please explain: _____						

EDUCATION					
School Level	Name and Location of School	Course of Study	No. of Years Completed	Did you Graduate? Yes/No	Degree or Diploma
Advanced Degree					
College					
High School					
Other					

MILITARY	
Complete This Section if you served in the Armed Forces	Branch of Service _____ Date of Final Discharge: _____
Describe your duties and any special training	Period of Active Duty (Month & Yr.) From: _____ To: _____

Membership in professional or civic organizations/volunteer experience (Exclude those which may disclose your race, creed, color, religion or national origin)
_____
_____

**EMPLOYMENT HISTORY****Must be filled out completely.****Please give accurate, complete full-time and part-time employment record. Start with your present or most recent employer.**

1 Do Not Contact  <input type="checkbox"/>	Company Name	Telephone (     )
	Address	Employment Dates (month and year) From _____ To _____
	Name of Supervisor	Weekly Pay Start \$ _____ Last \$ _____
	State Job Title and Describe Your Work	Reason for Leaving
2 Do Not Contact  <input type="checkbox"/>	Company Name	Telephone (     )
	Address	Employment Dates (month and year) From _____ To _____
	Name of Supervisor	Weekly Pay Start \$ _____ Last \$ _____
	State Job Title and Describe Your Work	Reason for Leaving
3 Do Not Contact  <input type="checkbox"/>	Company Name	Telephone (     )
	Address	Employment Dates (month and year) From _____ To _____
	Name of Supervisor	Weekly Pay Start \$ _____ Last \$ _____
	State Job Title and Describe Your Work	Reason for Leaving
4 Do Not Contact  <input type="checkbox"/>	Company Name	Telephone (     )
	Address	Employment Dates (month and year) From _____ To _____
	Name of Supervisor	Weekly Pay Start \$ _____ Last \$ _____
	State Job Title and Describe Your Work	Reason for Leaving

**ADDITIONAL**

Have you ever been convicted of a crime in the past 10 years, excluding misdemeanors and summary offenses, which has not been annulled, expunged or sealed by a court?

\_\_\_\_\_ Yes    \_\_\_\_\_ No    If yes, please describe in full: \_\_\_\_\_

State names of relatives or friends working for us: \_\_\_\_\_

The Cabell County Public Library provides equal employment opportunities. (EEO)

The information provided in this employment application is true, correct and complete. If employed, any misstatement or omission of fact on this application may result in my dismissal. I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future. If you decide to engage an investigative consumer reporting agency to report on my credit and personal history, I authorize you to do so. If a report is obtained, you must provide at my request, the name and address of the reporting agency so that I may obtain from them the nature and substance of the information contained in the report.

Signature: \_\_\_\_\_

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